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Iowa Department of Human Services



Iowans Working Together... Doing What Works

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Appendix A: Financials

Glossary

“Iowans Working Together... Doing What Works”

The Department of Human Services (DHS) believes in working with Iowans: those people who receive services, the taxpayers who fund the services and the people who provide services. DHS believes in working with others to meet the unique needs of individuals and help all Iowans become healthy, safe, stable, and self sufficient. The department's primary responsibilities are to help and empower individuals and families to become increasingly self-sufficient and productive. The department provides these services to approximately 650,000 Iowans through our partnership with the federal government and our state and local governments. The department is collaborating and providing leadership to build a comprehensive system of basic services and supports to serve all Iowans into the future.

The Department of Human Services enters the new millennium under new leadership. Governor Vilsack and Lt. Governor Pederson have set ambitious goals to meet the complex needs of individual Iowans and to build a brighter future for the children of Iowa. The Governor's vision that "Iowa is a recognized leader among states in promoting and providing quality services, helping to make Iowa unsurpassed as a place to live, work, and raise a family," along with the Vilsack/Pederson leadership agenda underscores the importance of the Department of Human Services and its work.

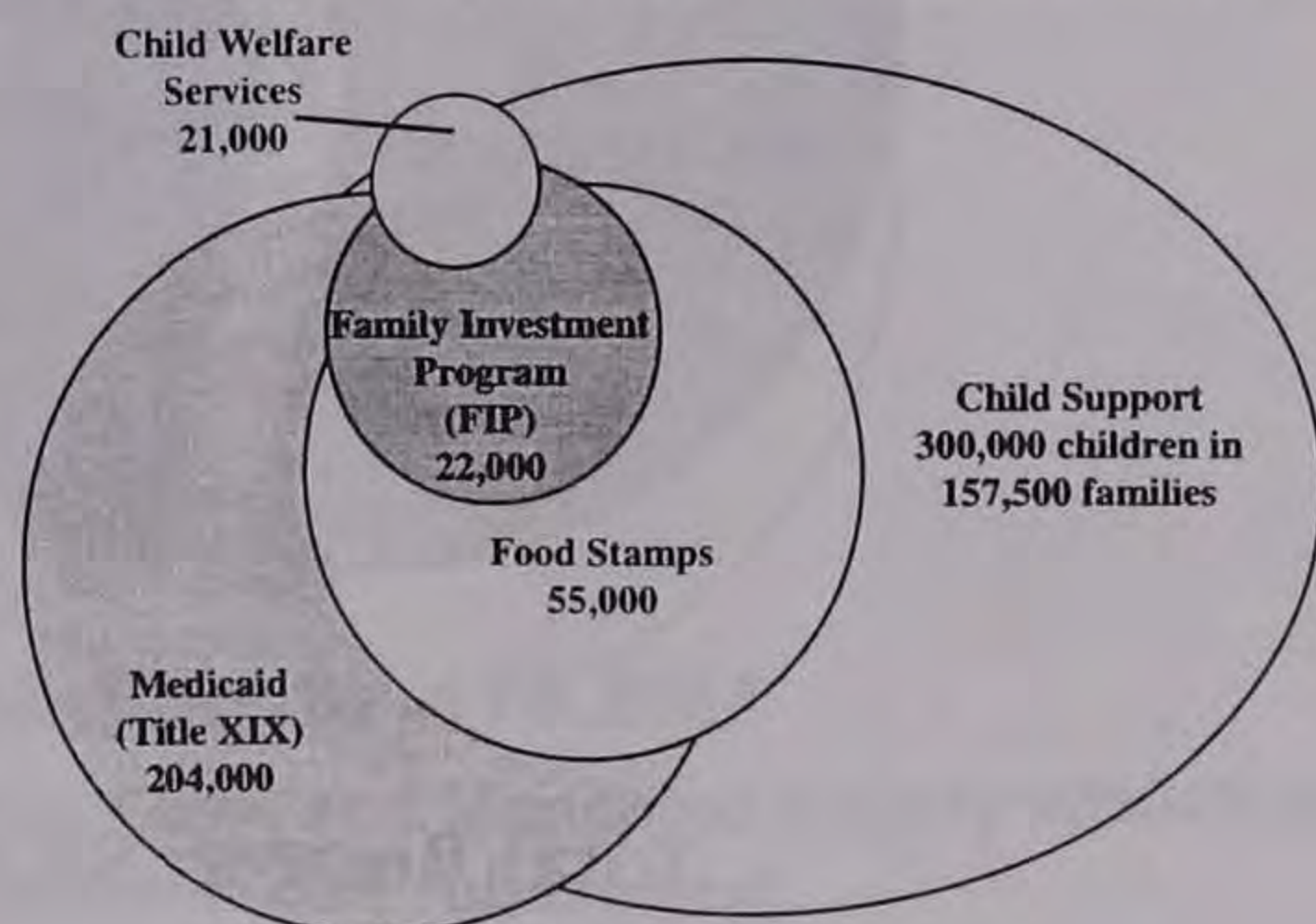
Following is the Governor's Leadership Agenda for Iowa:

- A quality, lifetime, lifelong educational system
- A national leader in health care through focusing on prevention
- Safe communities for all
- A world leader in the new economy
- A clean Iowa
- Accountable state government

The department began its analysis of how to contribute to the success of the Leadership Agenda through a process based on the principles of being data-driven, results focused and promoting collaboration, teamwork and excellence. In other words: "Iowans: working together...doing what works". DHS is directing its resources to the results of healthy, safe, stable and self-sufficient Iowans. The department is committed to building a comprehensive and balanced system of services for all people.

In early July, the department held action-planning forums throughout the state. Twenty-two forums were held in 12 locations with a total attendance of over 1,000 Iowans. The forums provided an opportunity for interested stakeholders to work with the department as it planned for FY 2001 budget and development of an action plan for the next 36 months. Against the backdrop of a mission driven, data-based operation with continuous assessment of how we are doing, forum participants were asked to tell the department how best to work together to contribute to the success of healthy, safe, stable and self-sufficient Iowans.

Iowans served by the Department of Human Services



The action-planning forums identified what it is going to take to achieve the desired results. All the information from the forums was examined to find the common themes and priorities that were cross cutting for all the results. The conclusions: no matter what population, constituency or result, people thought that four basic ingredients were needed to live a healthy, safe, stable, self-sufficient life in a community of one's choice.

First, we must ensure the availability of high quality, accessible basic services including food, clothing, child care, transportation, housing, good jobs, protective services, health / behavioral health care, and strong and supportive nurturing environments.

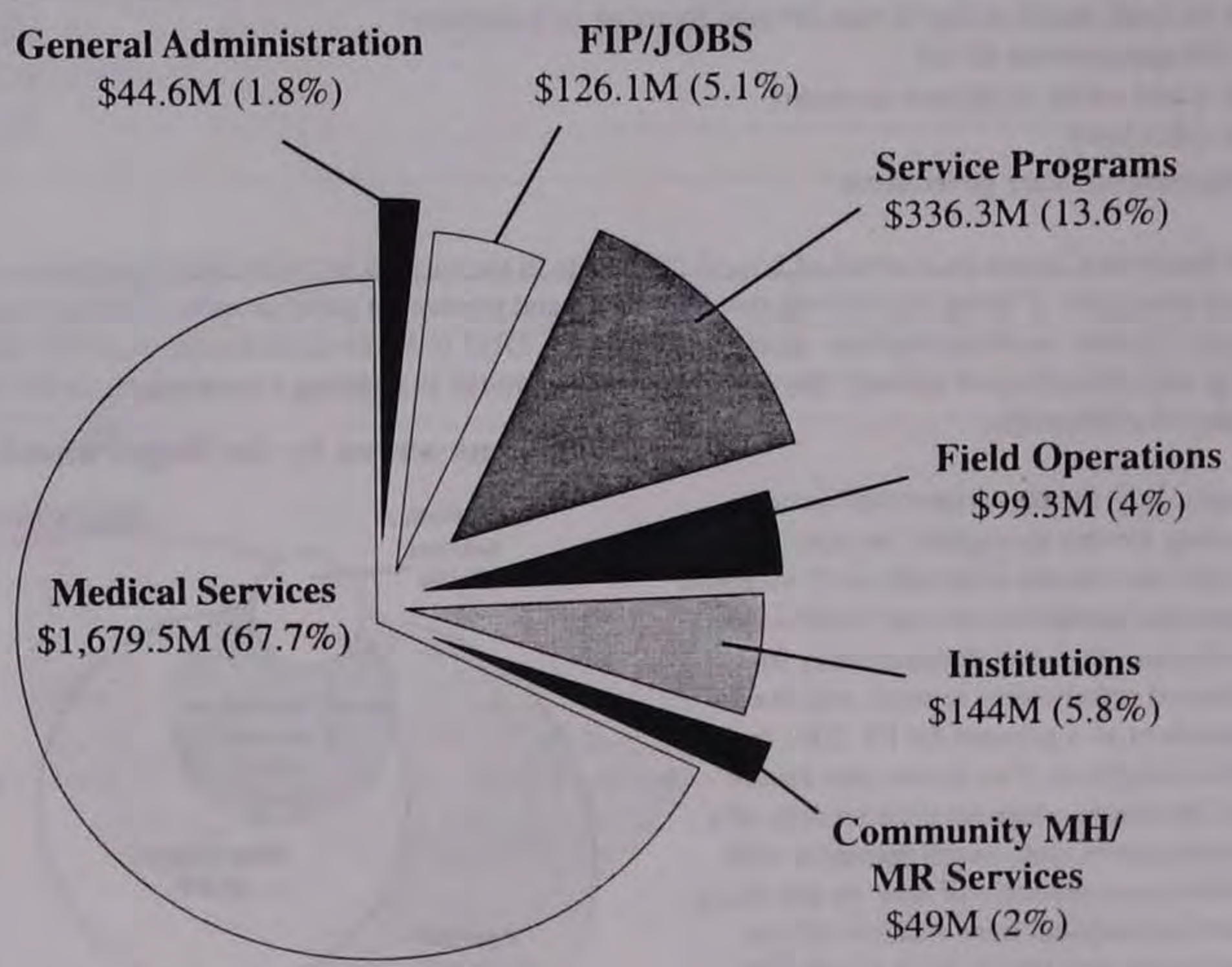
Second, we must promote community responsibility for the health, safety, stability and self sufficiency of people. Iowans also believe that communities have a responsibility to provide leadership, support drug free lifestyles with increased neighborhood awareness of what is needed in that community.

Third, we must promote the ability of each individual to take responsibility in areas such as individual decision making skills, parental responsibility and developing / maintaining positive, healthy relationships.

Fourth, we must maximize availability of human and fiscal resources such as competent staff, adequate funding and appropriate supports for Iowans to be successful.

The department is now preparing action steps based on what we learned from the forums for the purpose of building a system of basic services and supports capable of making the desired results of health, safety, stability, and self-sufficiency attainable for all Iowans.

**DHS Council's Budget Recommendation for FY 2001:
Major Areas Funded**



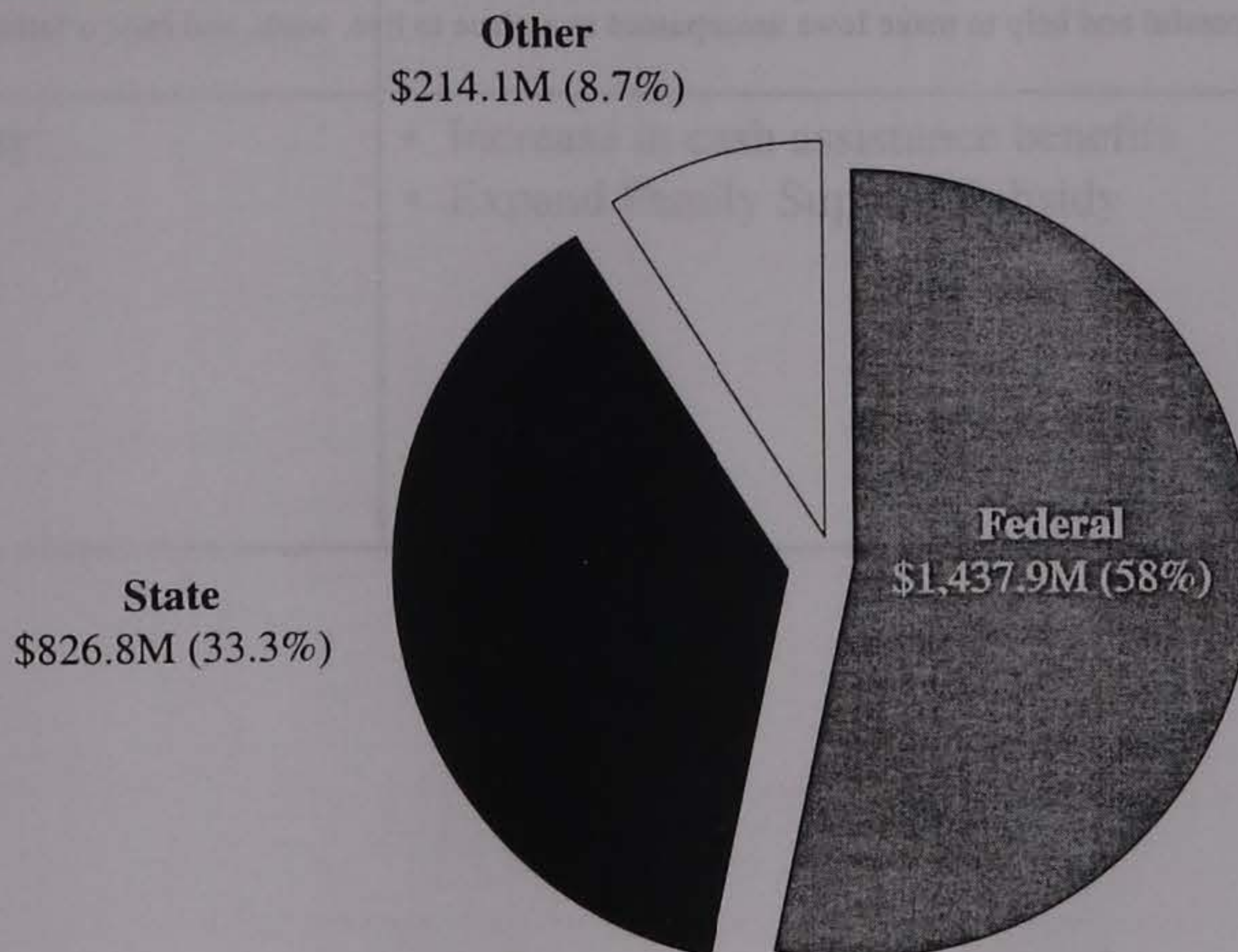
Total Budget: \$2,478.8M*

In keeping with our focus on healthy, safety, stability and self-sufficiency the budget book is organized around these four result areas. The department's FY 2001 budget priorities focus on support of the Governor's Leadership agenda in the following result areas:

Healthy:

- Expansion of the Children's Health Insurance Program to 200% of the federal poverty level (includes HAWK-I and Medicaid expansion)
- Provide 12 month continuous eligibility for Medicaid recipients
- Provide presumptive eligibility of children
- Increase dental reimbursement to 70% of usual and customary rates
- Provide 24-month guarantee for family planning services
- Provide funding for a child welfare / substance abuse partnership
- 7.6% increase of income limits for eligibility in Family Medical Assistance and Medically Needy categories of Medicaid
- Expansion of services for persons with special needs
- Enhance funding for mental health centers
- Provide funding for smoking cessation products
- Expand teen pregnancy prevention

DHS Council's Budget Recommendation for FY 2001: Funding Sources



Total Funding: \$2,478.8M*

*Does not include Property Tax Relief and Mandated County MH/MR/DD Allowed Growth Factor Adjustment

Safety:

- Expansion of the school-based supervision programs through addition of 52 school based liaisons
- Expansion of the Eldora Aftercare program to include 3 additional judicial districts
- Expansion of the Sexually Violent Predator / Civil Commitment Unit for Sexual Offenders at Oakdale

Stability:

- Expand Family Support Subsidy to serve additional 100 children
- 4% increase for cash assistance benefits
- Fund Electronic Benefits Transfer program

Self - Sufficiency:

- Expand PROMISE JOBS post-employment services
- Expand Pre-FIP Diversion
- Fund additional increases in the state case program

Although the annual budget request focuses on monies needed from the state general fund, this year we include a matrix by result area that lists all programs, both federal and state, and all funding sources. This matrix provides a snapshot view of the funding sources and programs that support the work performed by the department in the result areas. The appendix contains the program specific budget documents.

In closing, the Department of Human Services is committed to working with our key partners and collaborators as we move forward to implement the strategies most critical to achieving these results. Communities and other state agencies will be involved in our planning and with true partnership and collaboration among individuals, communities and government we will be successful and help to make Iowa unsurpassed as a place to live, work, and raise a family. Please join us.

DHS Major Initiatives for Fiscal Year 2001

Healthy	<ul style="list-style-type: none"> • Expand Medicaid • Increase dental reimbursement • Increase income limits for Medicaid • Expand services for person with special needs • Enhance funding for community mental health centers • Expand teen pregnancy prevention
Safety	<ul style="list-style-type: none"> • Expand school-based supervision • Expand Eldora after care program • Expand the Civil Commitment Unit • Convert the Iowa Juvenile Home
Self Sufficiency	<ul style="list-style-type: none"> • Expand PROMISE JOBS post-employment services • Expand pre-FIP diversion
Stability	<ul style="list-style-type: none"> • Increase in cash assistance benefits • Expand Family Support Subsidy

Department of Human Services
Funding Matrix by Appropriation
FY01

Appropriations	Source of Funds													Appropriation Key		
	General Fund Appr.	County Match	Food Stamps	Title IV-D	S.S. Block Grant	TANF	Title XIX	Title IV-E	Title IV-B	Title XXI	CCDF	Other Federal	Other Receipts		Grand Total	
Programs																
Family Investment Program/JOBS	36,437,088		940,412			71,272,440	380,192				4,300,000	350,000	12,408,906	126,089,038		N01
Emergency Assistance	10,000					2,763,605								2,773,605		N02
Child Support Recovery	7,749,529											33,463,232	2,854,538	44,067,299		M12
Medical Assistance	438,988,375	122,304,881					1,022,360,617							1,583,653,873		N20
Medical Contracts	8,717,186						17,283,141							26,000,327		N28
HIPP Program	400,922						400,922							801,844		N25
State Supplementary Assistance	20,538,498													20,538,498		N10
Child Health Care Program (CHIP)	12,661,727									35,813,491				48,475,218		N22
Toledo Juvenile Home	6,580,275												231,926	6,812,201		M20
Eldora State Training School	11,008,237												834,724	11,842,961		M22
Child & Family Services	113,970,561				1,065,578	23,886,793	38,923,297	41,492,496	4,841,111			1,916,988	2,980,930	229,077,754		N71
Child Care Services	5,050,750					18,969,567					30,389,871			54,410,188		N56
Community Bases (Prevention Serv)	979,424				94,959	2,467,478								3,541,861		N50
Family Support Subsidy	2,211,897													2,211,897		N32
Cherokee MHI	13,648,931											13,500	400,000	14,062,431		M30
Clarinda MHI	7,398,149												45,500	7,443,649		M32
Independence MHI	18,257,025											900,000	391,100	19,548,125		M34
Mt. Pleasant MHI	5,608,256	562,054										50,205	10,000	6,230,515		M36
Sexually Violent Predators	1,795,633													1,795,633		M28
Glenwood SHS	3,788,510	9,981,853										228,567	28,602,237	42,601,167		M40
Woodward SHS	2,507,362	9,102,916										120,497	21,950,689	33,681,464		M42
MH/DD Community Services Fund	19,560,000				10,697,674	2,341,089								32,598,763		N30
DD Special Needs Grant/Projects	53,212													53,212		N33
MI Special Services Fund	121,220													121,220		N31
Corner Funding	46,000													46,000		N36
Personal Assistance	364,000													364,000		N38
MH/MR/DD State Cases	15,800,000													15,800,000		N60
Field Operations	54,908,222		4,512,513		7,124,185	12,870,395	12,581,872	5,735,918			1,189,887	29,477	357,881	99,310,350		M10
General Administration	17,508,511		5,495,582	2,516,073	1,328,068	2,157,978	8,698,079	2,447,761	150,000		616,640	1,859,381	1,824,027	44,602,100		M01
Volunteers	125,892				101,739	26,162								253,793		N40
Total >>>	826,795,392	141,951,704	10,948,507	2,516,073	20,412,203	136,755,507	1,100,628,120	49,676,175	4,991,111	35,813,491	36,496,398	38,931,847	72,892,458	2,478,808,986		

This matrix includes only appropriations in the DHS bill. Not included are Property Tax Relief of \$6.6 million for Medical Assistance, Property Tax Relief of \$95 million for MH/DD, and MH/MR/DD Allowed Growth of \$21.8 million which are appropriated in other bills. Items listed on the Results Matrixes that are not included here are Case Management, Refugee Services, and Food Stamp Coupons which are not state appropriations.

H **Healthy**

- Healthy children, families, and individuals
- Free from preventable illness and injury
- Access to preventive care, and to necessary care and treatment
- Engaging in healthy lifestyles

Major Initiatives

- Expand Medicaid
- Increase dental reimbursement
- Increase income limits for Medicaid
- Expand services for person with special needs
- Enhance funding for community mental health centers

Programs and Services

General Fund

Medical Assistance
Children's Health Insurance
Medical Contracts
Health Insurance Premium Payment
State Supplementary Assistance
Teen Pregnancy Prevention
Family Planning
Food Stamps
Food Stamp Employment Training
Psychiatric Medical Institutions for Children
Mental Health Institutes
Case Management Services

Other

Iowa Foundation for Medical Care (IFMC)

Department of Human Services
Results Matrix
FY01

	Source of Funds								Grand Total	Appropriation Key	
	General Fund Appr.	County Match	S.S. Block Grant	Other Grants	TANF	Title XIX	Title XXI	Other Federal			Other Receipts
Healthy											
Programs											
Medical Assistance	438,988,375					1,022,360,617			122,304,881	1,583,653,873	N20
Medical Contracts	8,717,186					17,283,141				26,000,327	N28
HIPP	400,922					400,922				801,844	N25
SSA	20,538,498									20,538,498	N10
CHIP	12,661,727						35,813,491			48,475,218	N22
IFMC	313,550					748,447				1,061,997	N71
PMIC	7,270,724					12,216,609				19,487,333	N71
Teen Pregnancy Prevention	248,424				1,260,366					1,508,790	N50
Family Planning			94,959		1,207,112					1,302,071	N50
Mental Health Institutes	44,912,361	562,054					963,705	846,600		47,284,720	M30,M32,M34,M36
Field Operations										26,251,219	M10
General Administration										15,110,173	M01
Case Management								5,109,475		5,109,475	
Total >>>	534,051,767	562,054	94,959		2,467,478	1,053,009,736	35,813,491	963,705	128,260,956	1,796,585,538	

NOTE: This matrix lists all programs, both federal and state, and all funding sources. You will not find corresponding narrative pages for all programs.

Medical Assistance

Why:

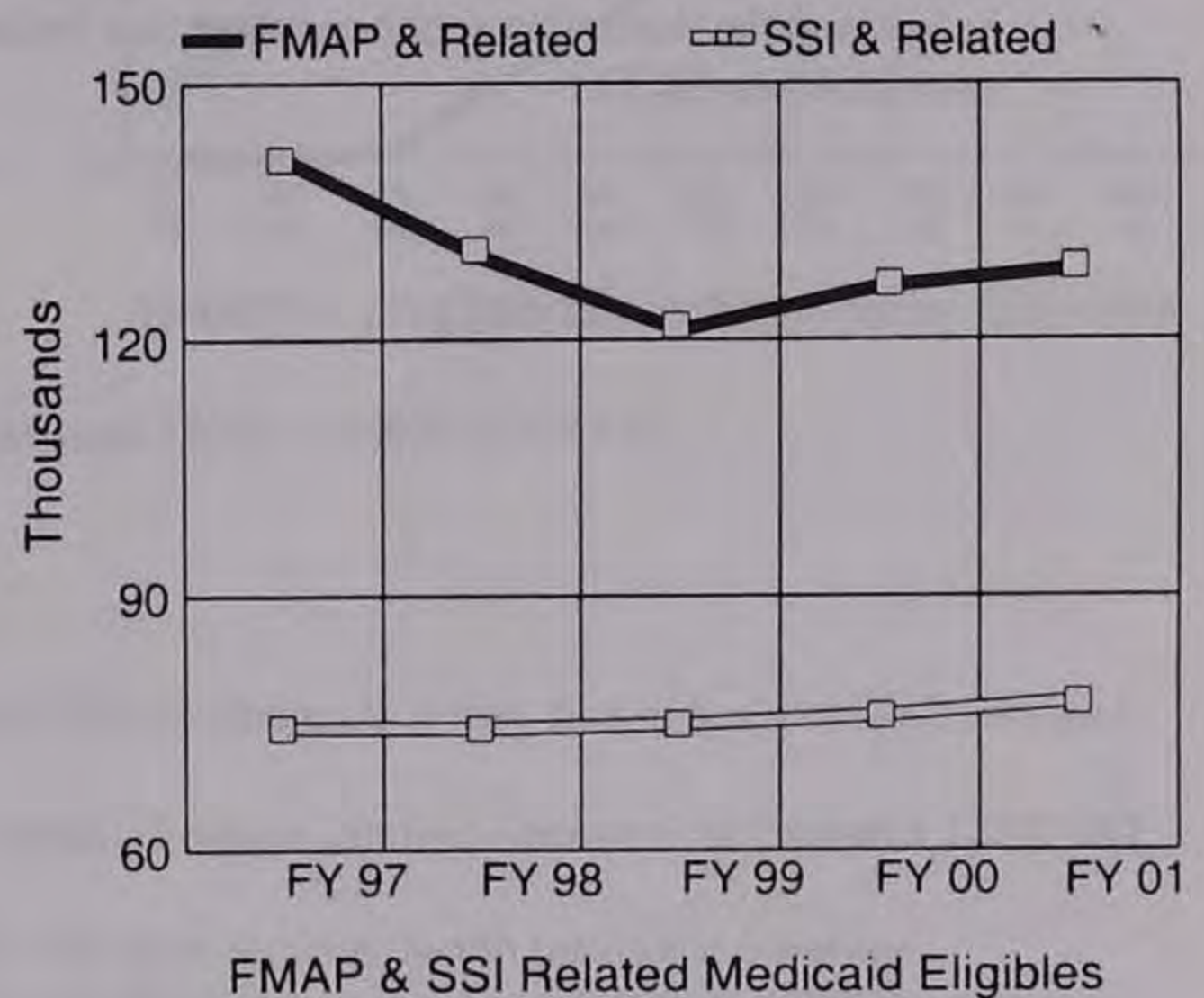
- Medical Assistance (Medicaid) provides health care coverage for Iowans — needy families and children, persons with disabilities, and the elderly – so they can live healthy, stable and self-sufficient lives

Who:

- Needy families and children, persons with disabilities, and the elderly
- A breakdown of Iowans receiving Medicaid shows that: 60% are male; 53% are under the age of 18; 34% are between 18 and 64 years of age; and 13% are 65 years or older
- 142 more pregnant women and 154 more infants could be enrolled in Medicaid if eligibility criteria were expanded to 200% of the federal poverty level (FPL)

What:

- Medicaid is a program which reimburses health care providers, such as hospitals and physicians, for medical treatment provided to Medicaid beneficiaries. Federal regulations require that states cover certain mandatory services and allows coverage of a broad array of optional services
- The evolving focus of Iowa's Medicaid program is not only to help beneficiaries stay physically and mentally healthy, but also to help them to be self-sufficient, achieve stability in their lives, and live as independently as possible. This is important not only because it is more cost effective, but also because people enjoy a higher quality of life when they are not forced to move out of their homes to receive treatment for their medical conditions
- While offering beneficiaries a wide range of health care services, the Medicaid program also has a duty to be a responsible purchaser of health care. This means that services must be readily accessible, affordable, and of high quality

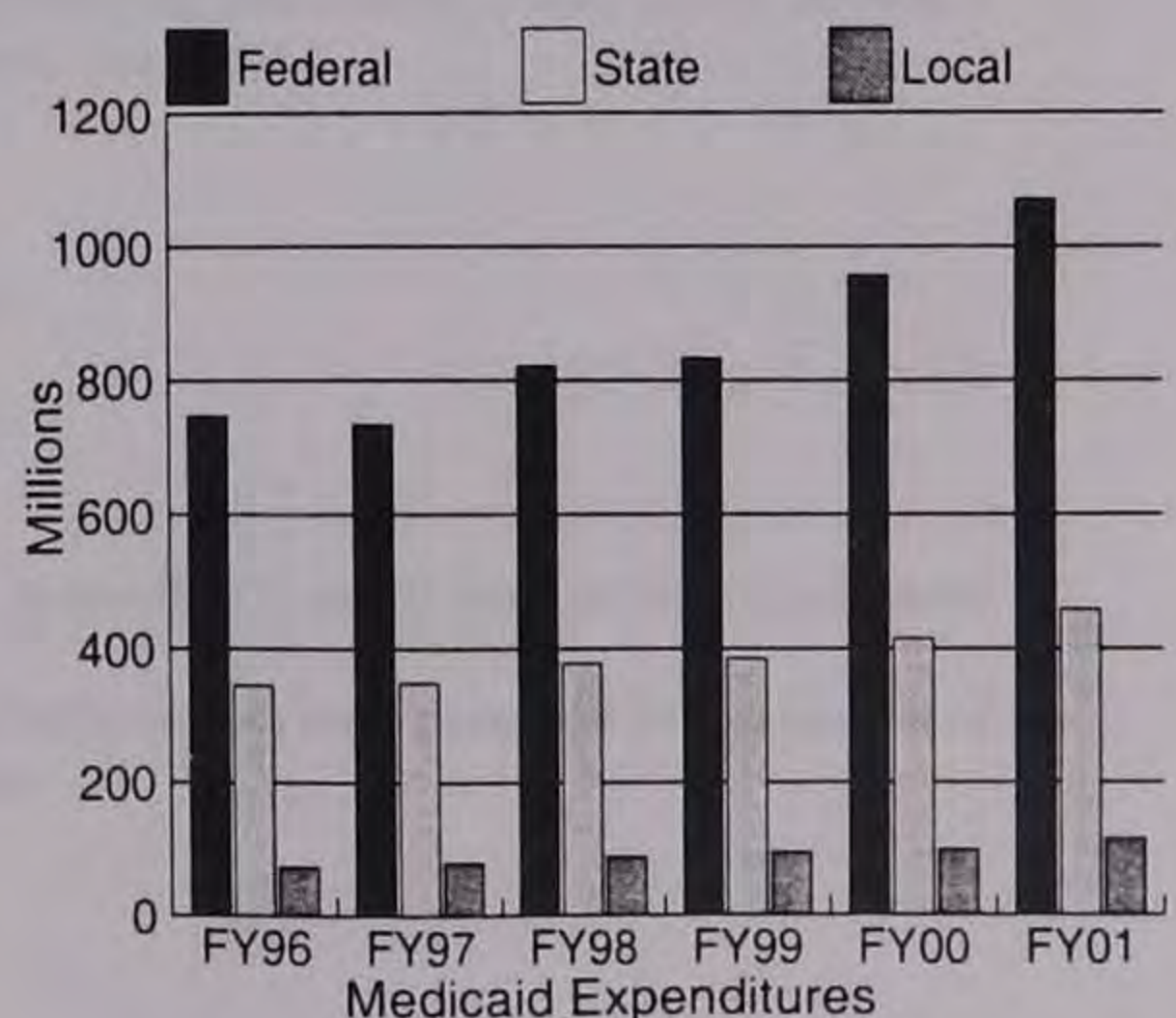


How are we doing:

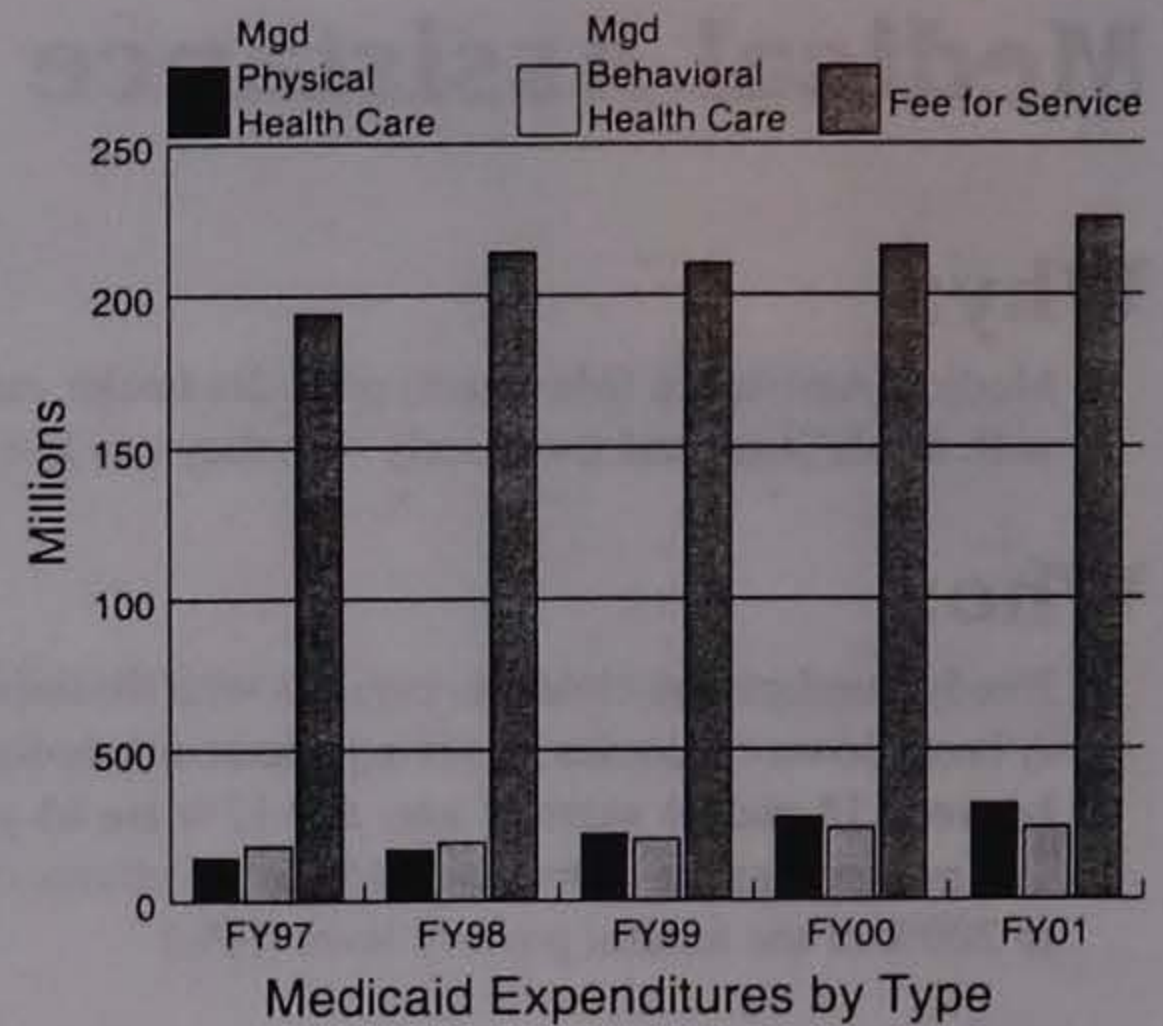
- In FY 1999, 295,000 Iowans were eligible for Medicaid
- In an average month, 203,000 Iowans receive a Medicaid card

What's next:

- **Eligibility/Related:**
 - Simplify Medicaid eligibility process to maximize the number of enrolled beneficiaries:
 - Expand HAWK-I eligibility from 185% to 200% of the FPL
 - Grant 12 month continuous eligibility to Medicaid eligible children
 - Adopt presumptive eligibility for children
 - Grant 24 month guaranteed entitlement to family planning services



- Increase income limits up to 200% FPL for pregnant women and infants
- Increase income limits for Family Medical Assistance Program (FMAP) and the Medically Needy program
- **Services:**
 - Increase dental reimbursement to 70 percent of usual, customary and reasonable (UCR) charges to improve access to dental services
 - Fund expansion of home health care services for special needs children
 - Fund habilitative daycare services for waiver programs
 - Provide coverage for smoking cessation products
 - Expanded availability of supportive employment to individuals eligible for mental retardation and brain injury waivers
 - Expand respite services under all Home and Community-Based Services (HCBS) waiver programs
 - Increased community mental health center reimbursement, per Legislative requirements
 - Provide additional funds for the Brain Injury HCBS waiver program, to buy-out counties
 - Increase the maximum reimbursement rate for in-home related health care (IHHRC) services and residential care facilities (RCFs)



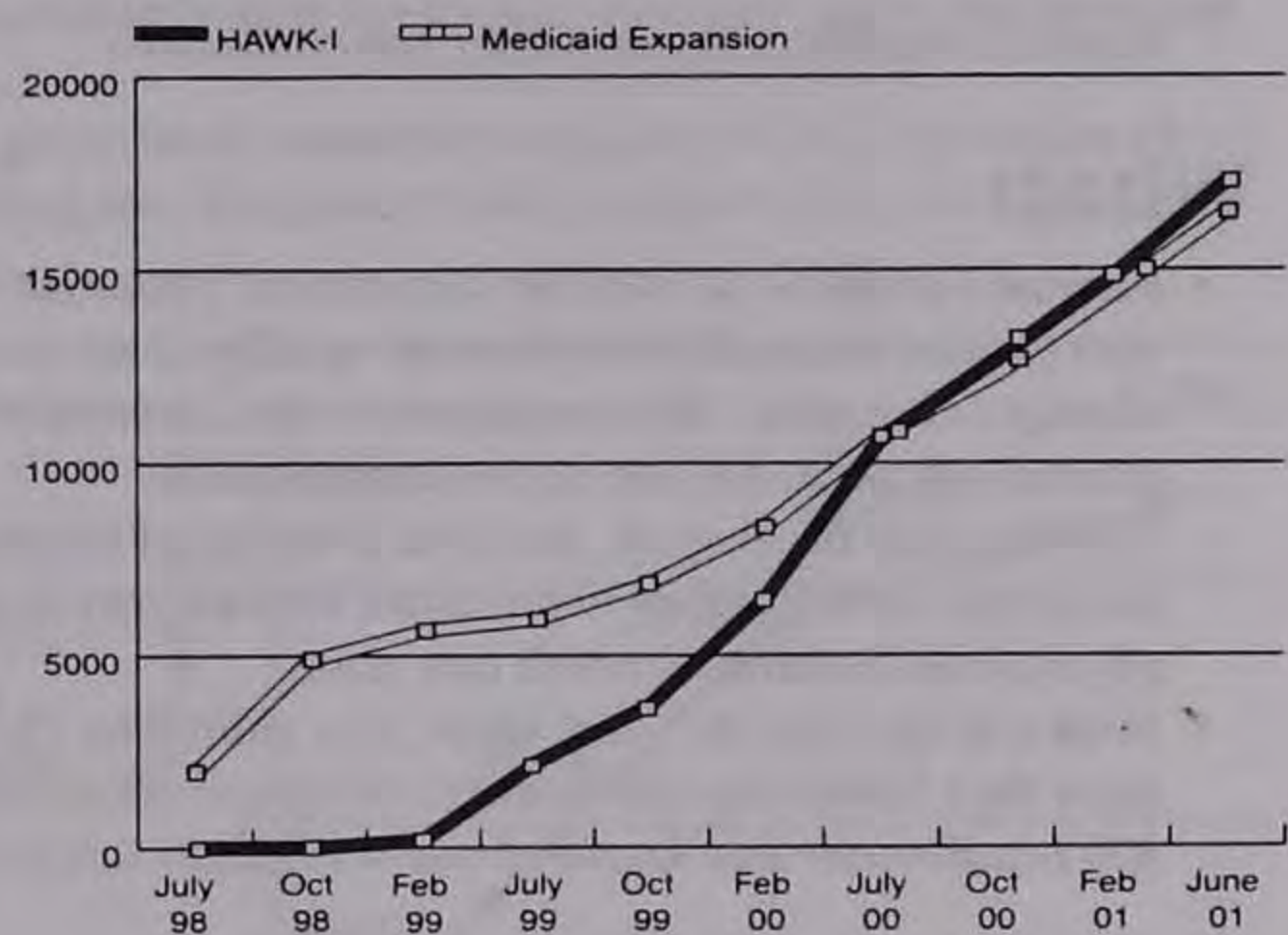
Children's Health Insurance Program (CHIP)

Why:

- To extend health care coverage to 67,000 uninsured Iowa children so they can have access to medical care
- As part of the Balanced Budget Act of 1997, Congress created the State Children's Health Insurance Program (SCHIP) by adding a new Title XXI to the Social Security Act. States had options for designing their program to extend health care coverage to uninsured children, which included:
 - Expanding Medicaid alone
 - Creating a separate non-Medicaid program
 - Doing a combination of a Medicaid expansion and a non-Medicaid program

Who:

- 22,000 children under 19 if they live in families with incomes below 133% of poverty (Medicaid Expansion)
- 33,000 children under 19 whose families' incomes are between 133% and 185% of the FPL (The Healthy and Well Kids in Iowa [HAWK-I] program)
- 12,000 children under 19 whose families' incomes are between 185% to 200% of the FPL



HAWK-I and Medicaid Expansion Eligibles

What:

- In Iowa, CHIP has two components:
 - A Medicaid expansion which brings children under 19 into Medicaid if they live in families with incomes below 133% of poverty
 - HAWK-I, a non-Medicaid program, for children under 19 whose families' incomes are between 133% and 185% of the federal poverty level
- Coverage is available to children under HAWK-I only if they have no other health insurance coverage
- A third party administrator conducts enrollment activities for HAWK-I and makes referrals to DHS if enrollees would qualify for the Medicaid program
- The HAWK-I Board, appointed by the Governor, has responsibility for establishing policy for the HAWK-I program. DHS administers the program and provides support to the board

How are we doing:

- Expect to serve 15,600 children through Medicaid expansion
- Expect to serve 24,750 children through HAWK-I

What's next:

- Redirect outreach activities to a community-based approach, in an effort to enroll more of Iowa's uninsured children
- 6,075 more children could be covered under HAWK-I if eligibility criteria were expanded to 200 percent of the FPL at a reasonable enrollment rate based on similar programs

Medical Contracts

Why:

- To provide contractual support to the Iowa Medicaid program in order to assure timely and accurate claims payment, quality assurance, appropriate reimbursement strategies and accurate data collection

Who:

- Medicaid beneficiaries, providers and contractors

What:

- Medical Contracts includes the Department's contract with the Medicaid fiscal agent, the Department's contracts with entities who audit both provider quality of service and billings, and the Department's processes for setting managed care rates. Reimbursement to the Division of Vocational Rehabilitation for conducting SSI disability determinations also is part of this appropriation
- The Medicaid fiscal agent, performs a variety of functions integral to the delivery of Medicaid funded services including reimbursement to providers who are part of the Medicaid fee-for-service system, as well as the managed physical and behavioral health care plans
- In an average year, the fiscal agent pays more than 15,500,000 claims; enrolls 3,500 new providers; responds to more than 3,000 inquiries from providers and others in the general public every working day; and enrolls nearly 400 beneficiaries into managed physical health care programs each week

How are we doing:

- The Department's quality management efforts have been significantly enhanced by implementation of the Decision Support System (DSS), which provides DHS and fiscal agent staff with claims information and other data for decision-making and responses to legislative and other inquiries
- The fiscal agent is held accountable under its contract for a variety of performance measures including:
 - 90% of correct claims being processed within 30 days
 - Responding to 98% of all written provider inquiries within 6 working days

What's next:

- Continue funding support

Health Insurance Premium Payment (HIPP) Program

Why:

- The Health Insurance Premium Payment (HIPP) program pays the cost of enrolling people eligible for Medicaid in their employer-sponsored group health insurance programs. This reduces Medicaid expenditures, establishes health care coverage for these individuals, and provides a stable insurer for persons when they leave the Medicaid program
- When Medicaid beneficiaries have employer-sponsored group health insurance available, federal legislation allows the Medicaid program to pay the enrollee's cost of enrolling into that group health insurance plan when it is cost-effective to do so

Who:

- 7,500 Medicaid beneficiaries participate in employer-sponsored group health insurance programs
- Participation in the HIPP program offers Medicaid beneficiaries the opportunity to obtain health insurance which can continue even after the beneficiary is no longer eligible for Medicaid

What:

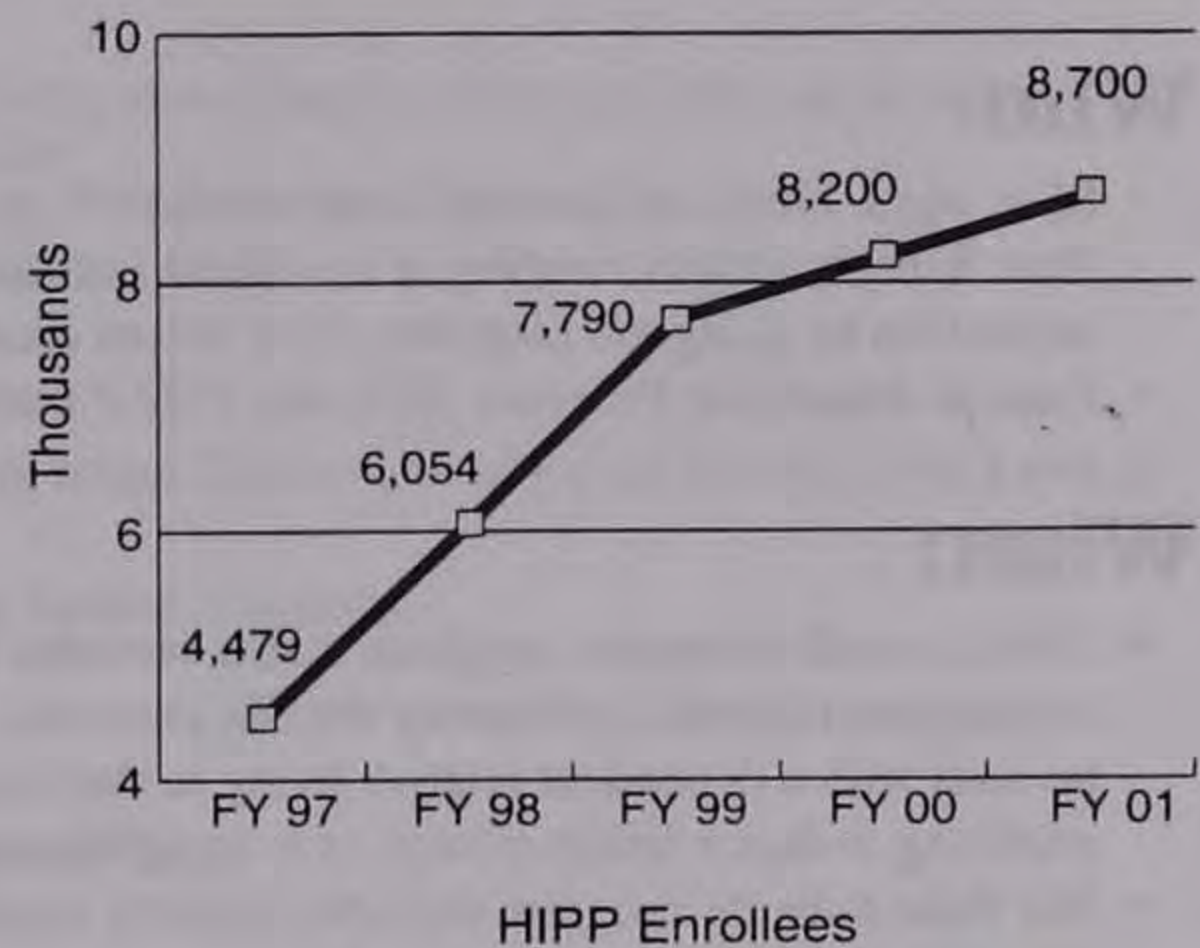
- When a Medicaid beneficiary is enrolled in HIPP, their employer's group health plan has first responsibility to pay for health care services provided to that beneficiary. Medicaid pays the beneficiary's premium and also reimburses health care providers for those Medicaid services which are not covered by the group health insurance plan
- HIPP unit determines eligibility and makes payment for health insurance directly to the beneficiary, insurer or employer
- Fiscal agent edits claims by indicator of a third party resource and reimburses appropriate claims

How are we doing:

- HIPP program has increased by 94% since 1997
- HIPP provides \$876,807 estimated savings to Medical Assistance

What's next:

- Continued funding support



State Supplementary Assistance, Rent Subsidy, and Funeral Assistance

Why:

- State Supplementary Assistance (SSA) funds are used to supplement the Supplemental Security Insurance (SSI) program to meet certain special needs of those who are aged, blind or disabled
- The Rent Subsidy program is designed to assist adults residing in a medical institution to move to and live in community housing. It assists adults receiving services under the home and community-based services (HCBS) waiver program and may be used to avoid placement in a medical institution
- The Funeral Assistance Program is designed to assist with the funeral expenses of SSA and Family Medical Assistance Program (FMAP) beneficiaries

Who:

- SSA: aged, blind and disabled individuals with special needs
- Rent Subsidy: adults residing in a medical institution and other adults who can avoid placement in a medical institution by using the program; all of whom must be participants in the HCBS waiver program
- Funeral Assistance Program: SSA and FMAP beneficiaries

What:

- SSA is a cash assistance program that is intended to supplement the SSI program and assist a person in meeting certain special needs not met by the SSI program. It includes a monthly payment to: blind SSI beneficiaries; persons with a dependent relative living in their home; beneficiaries living in a family life home; beneficiaries receiving in-home health related care; beneficiaries living in a residential care facility (RCF)
- The Rent Subsidy Program provides ongoing monthly rental assistance (and possibly onetime financial assistance to purchase necessary household furnishings and supplies) to eligible HCBS waiver beneficiaries who: were discharged from a medical institution immediately prior to receiving HCBS services; or, may avoid placement in a medical institution by using the program
- The Funeral Assistance Program makes payments for funeral costs

How are we doing:

- The SSA program involves monthly payments to blind SSI beneficiaries; persons with a dependent relative living in their home; beneficiaries living in a family life home; beneficiaries receiving in-home health related care; beneficiaries living in an RCF
- The Rent Subsidy Program provides a monthly payment to eligible adult HCBS waiver beneficiaries
- The Funeral Assistance Program allows for a maximum payment of \$400 for funeral costs

What's next:

- Increase the maximum reimbursement rate for in-home related health care (IHHRC) services and residential care facilities (RCFs)

Teen Pregnancy Prevention

Why:

- To prevent adolescent pregnancy
- To encourage pregnant and parenting adolescents and their child to engage in healthy lifestyles, and to provide support to young parents

Who:

- Male and female teens
- Pregnant and parenting teens

What:

- Statewide and local (county) grants in 33 counties to support teens in making the choice in delaying sexual behavior, while staying in or returning to school, or seeking jobs
- Statewide media campaigns

How are we doing:

- The teen birth rate for females aged 13 – 19 is 25.8% according to the Department of Public Health, Iowa's rate is 7th lowest in the nation and has continued to decline
- 90% of the teens felt more likely to delay sex after completing funded programs

What's next:

- Increase funding for Teen Pregnancy Prevention grants with TANF funds

Family Planning

Why:

- To provide educational and health services to encourage responsible family planning and healthy life styles

Who:

- 7,290 females participated in the program in FY 98

What:

- Contracts with 18 private agencies to provide an array of family planning services state wide, including:
 - Information, education, and counseling
 - Physical examination and laboratory work
 - Referrals for other medical needs

How are we doing:

- Number of clients served at each of the 18 agencies range from 71 to 2,038
- 74% served are over the age of 18

What's next:

- Continued funding support

Food Stamp Program

Why:

- The Food Stamp program is intended to promote the general welfare of low income families by raising their levels of nutrition to:
 - avoid hunger, and
 - avoid malnutrition

Who:

- The average monthly number of households served for SFY 1999 is broken into three categories:
 - Total 54,919 food stamp households
 - FIP households: 20,562
 - Other program households (includes households receiving medical assistance): 24,923
 - Food stamp only households: 9,434
 - The number of potential food stamp households not currently being served: 35,131

What:

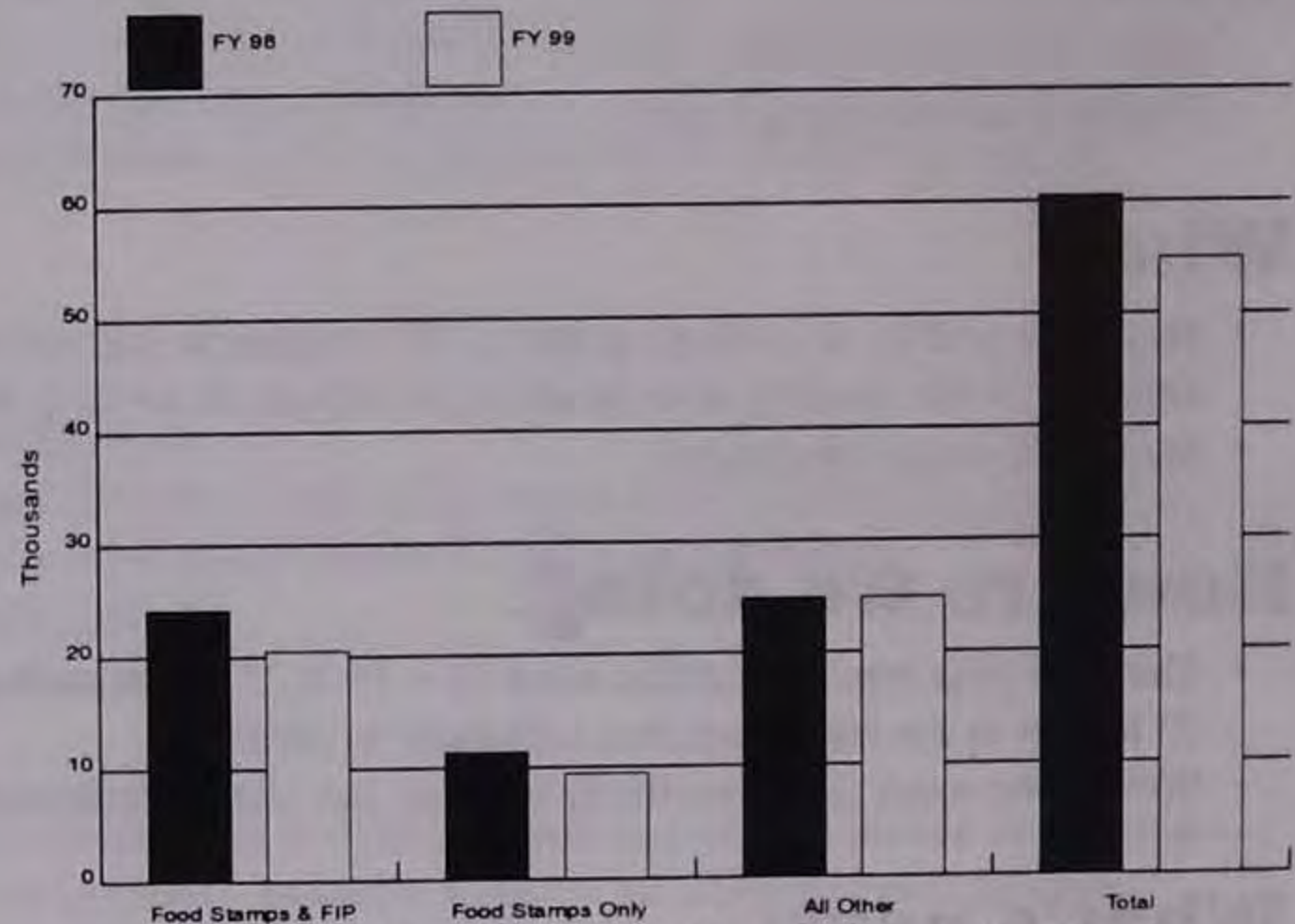
- The food stamp program is a federal program. In order to be allowed to provide food stamp benefits to eligible families, states must follow federal law, federal regulations, and federal guidance

How are we doing:

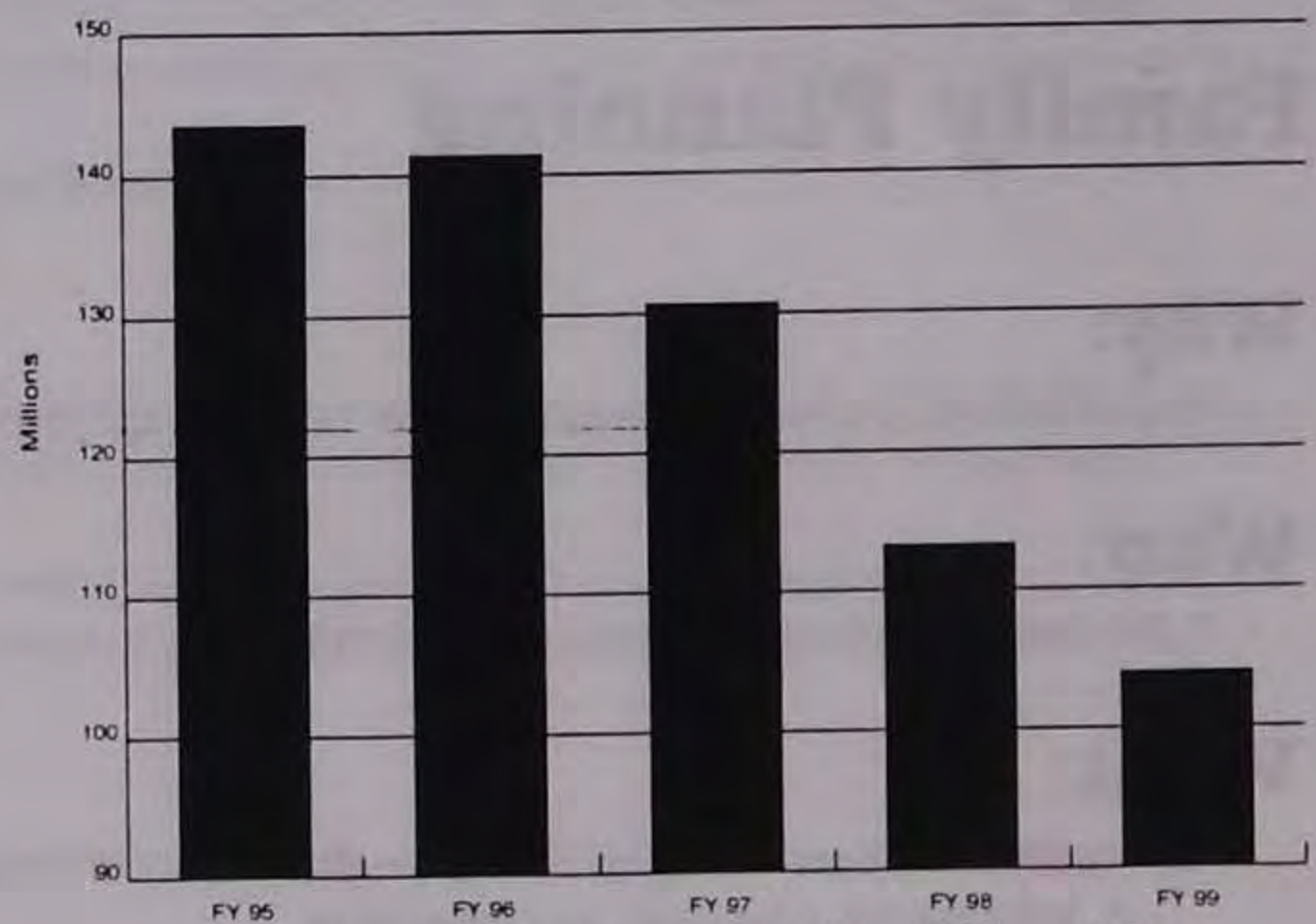
- Food stamps are provided through food coupons
- In Linn County, food stamp benefits can be accessed through Electronic Benefit Transfer (EBT)

What's next:

- Continue existing activities
- Reduce errors



Comparison of Food Stamps Participation by Household Category



Food Stamp Payments FYs 1995—1999

Food Stamp Employment and Training Program

Why:

- The Food Stamp Employment and Training (FSET) program provides employment and training services to selected non-FIP food stamp recipients for the purpose of enhancing their employability
- The Food Stamp Employment and Training program is federally mandated for states that operate a Food Stamp Program

Who:

- In order to provide food stamp benefits to eligible households, the state is mandated to:
 - Provide federally approved FSET services
 - Serve at least 10% of those who are required by federal guidelines to register for work. People who are required to register for work are those who are:
 - Age 18 to 60, and
 - Mentally and physically able to work, and
 - Are not responsible to care for a child under age 6, and
 - Are not involved with another education or job seeking activity such as PROMISE JOBS

What:

- The FSET program is administered through a contract with the Iowa Department of Workforce Development

How are we doing:

- In federal FY 1998, the number of individuals served by the FSET program were:
 - Independent Job Search component: 47
 - Educational Services component: 83
 - Job Club component: 614
 - Total participants in components: 744
 - Total individuals referred: 2,000
- Potential number of individuals who could be referred: 26,000

What's next:

- No new initiatives are proposed

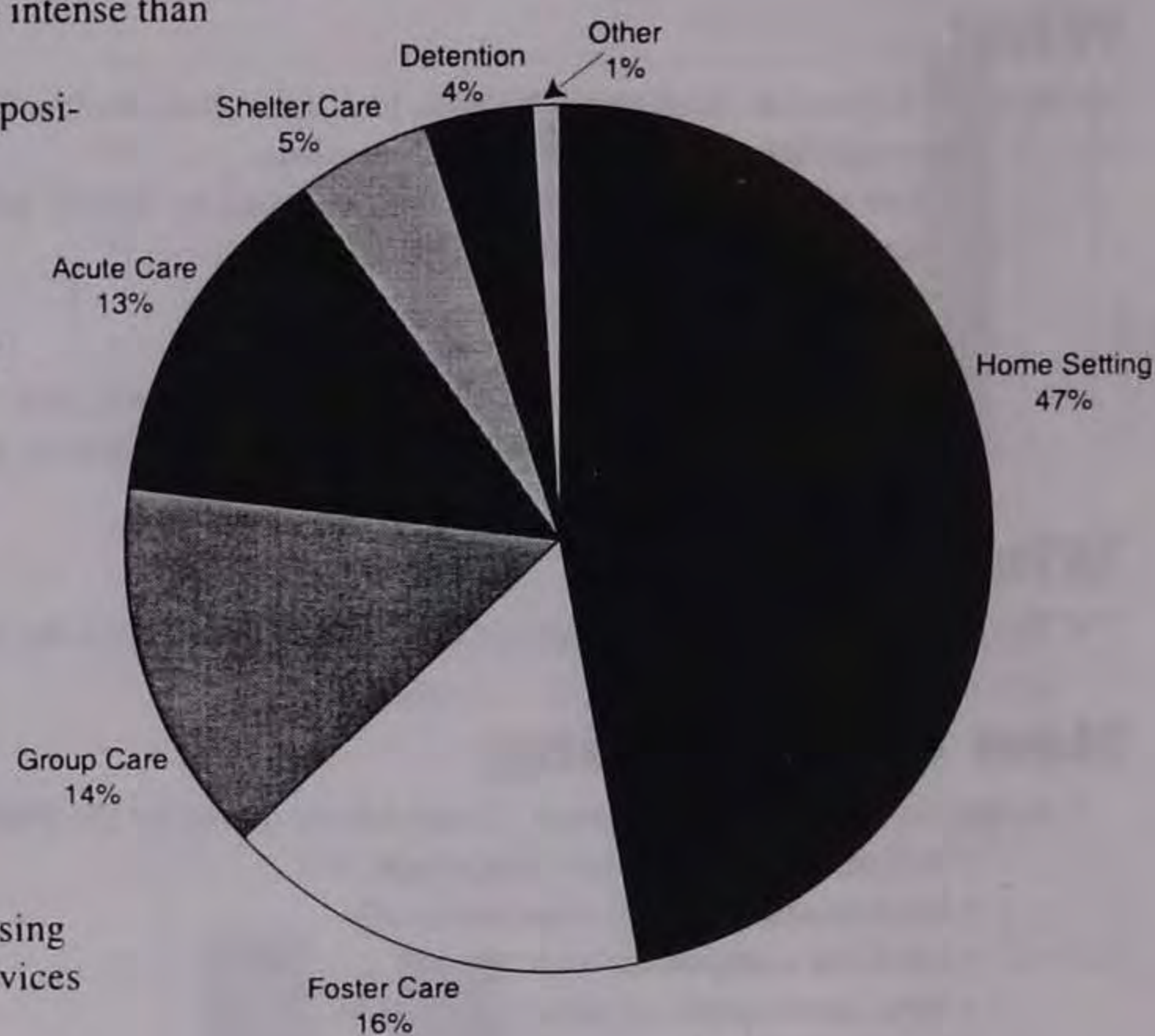
Psychiatric Medical Institutions for Children (PMICs)

Why:

- To provide residential psychiatric care for children and adolescents with mental health disorders

Who:

- Children and adolescents with psychiatric disorders needing comprehensive, 24 hour services and supervision more intense than can be provided on an outpatient basis
- Diagnoses include attention deficit disorder, oppositional defiant behavior, personality disorder, adjustment disorder, pervasive developmental disorder, post-traumatic stress syndrome, conduct disorder, chemical dependency and depression; 97% are diagnosed with childhood mental disorder, psychosis, neurosis – not depressive, or depressive neurosis
 - 85% are adjudicated Children in Need of Assistance (CINA), 7% adjudicated delinquent, 8% were voluntary placements
 - 79 % are under the age of 15



What:

- DHS contracts with 11 private providers to deliver diagnostic and psychiatric services, nursing care, services to families, and rehabilitative services

How are we doing:

- In FY 1999, 513 children and adolescents were admitted by PMIC facilities, with an average length of stay of 251 days
- Children return home following discharge

What's next:

- Continue funding support including 13 additional beds added in FY 2000
- Shorten lengths of stay

Mental Health Institutes (MHIs)

Why:

- The Mental Health Institutes at Cherokee, Clarinda, Independence and Mount Pleasant provide mental health and substance abuse services and serve as resource centers to communities

Who:

- In FY 1999 the MHIs served the following number of inpatients:

Acute Care:	
Adults	1,999
Children and adolescents	454
PMIC	96
Dual Diagnosis	87
Geropsychiatric	64
Substance Abuse	671
Total	3,371

What:

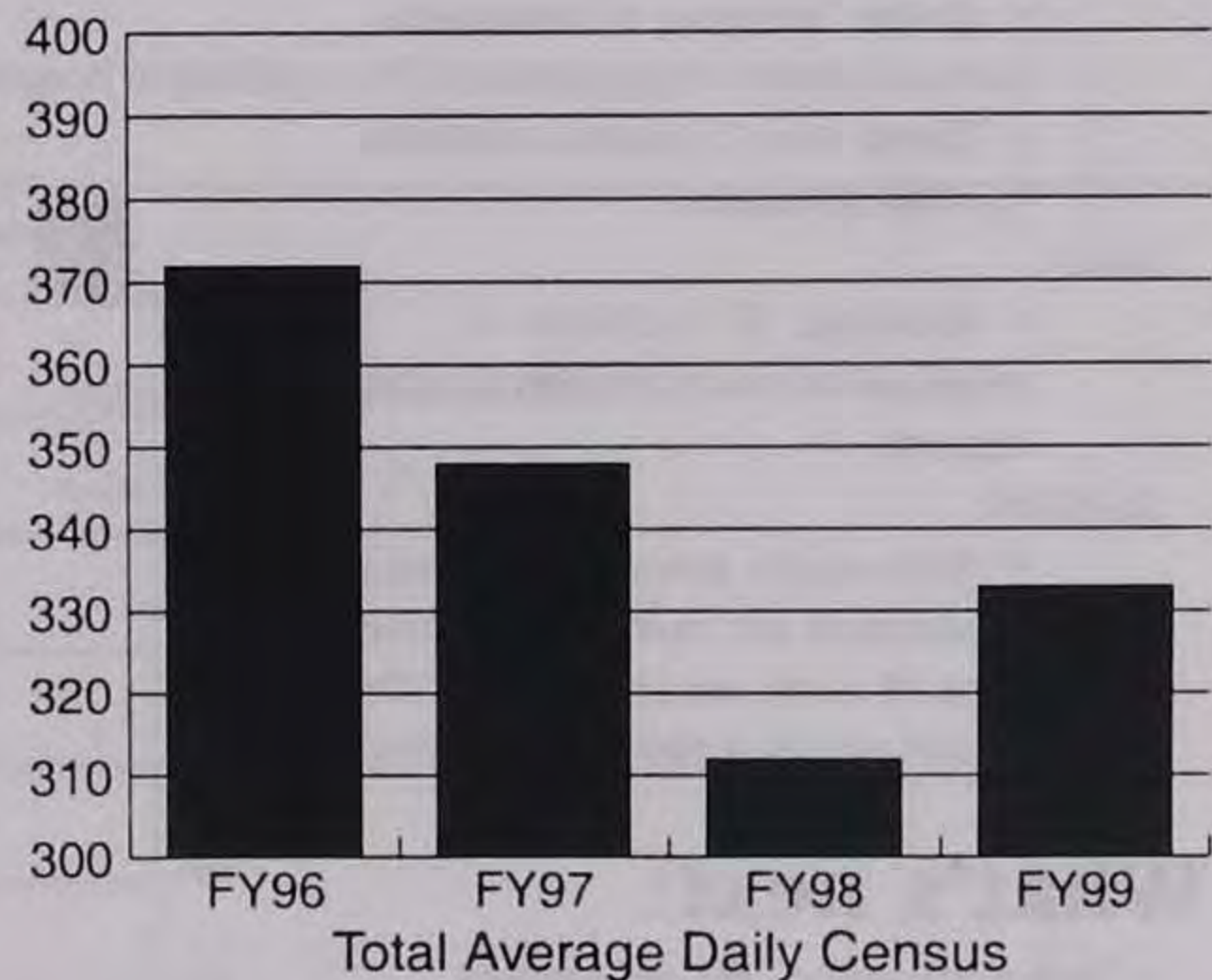
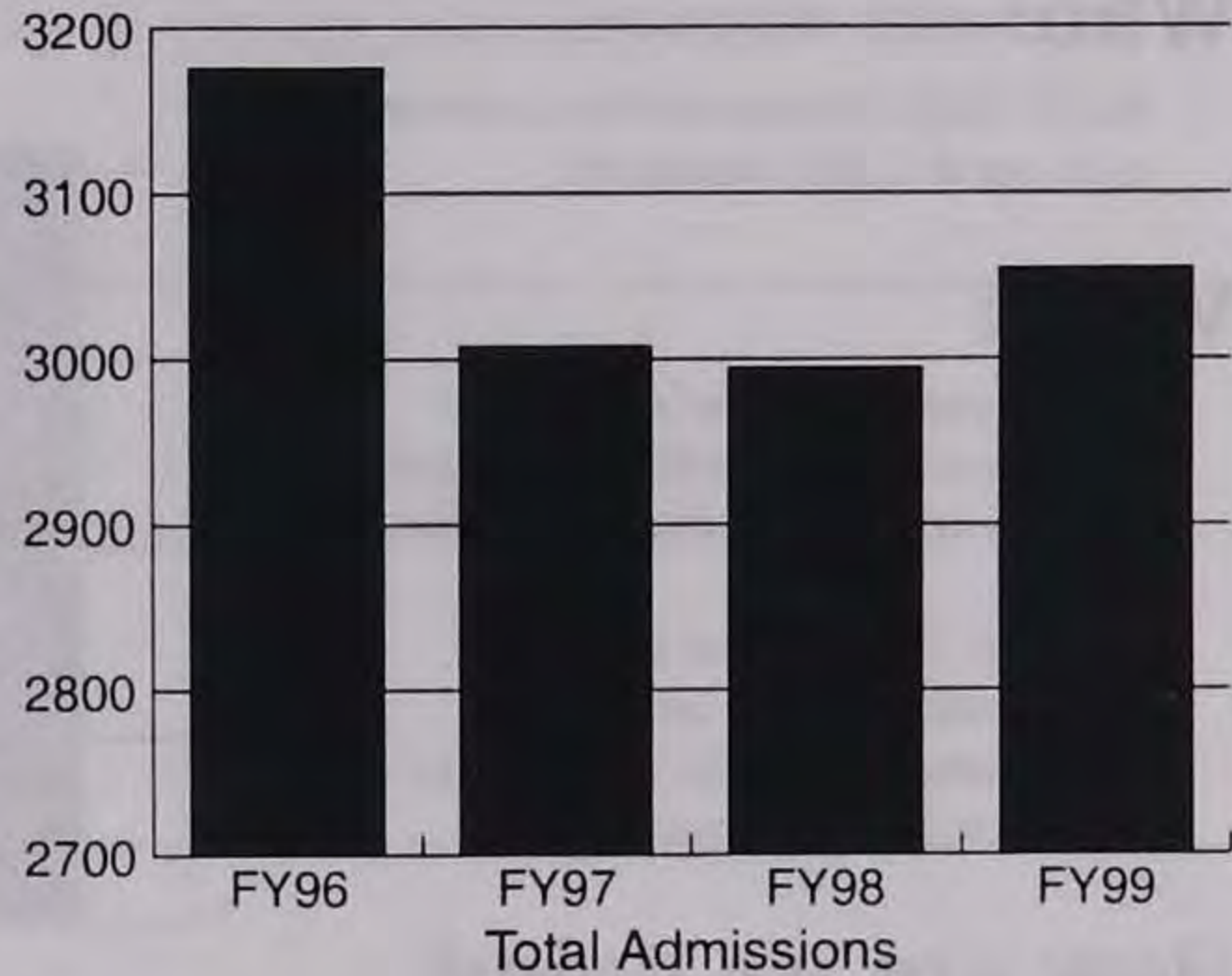
- The Mental Health Institutes provide:
 - Acute psychiatric inpatient care for children, adolescents and adults so persons with mental illness are able to return to the community
 - Outpatient psychiatric treatment
 - PMIC level care for children and adolescents
 - Treatment for adults diagnosed with both a mental illness and substance abuse
 - Care that is unavailable in traditional nursing homes for geriatric patients with psychiatric and behavioral conditions
 - Residential chemical dependency treatment for adults so people can replace addictive behaviors with a chemical-free lifestyle
 - Services in support of related state, county and community services and programs

How are we doing:

- Combined average length of stay for adult psychiatric services: 25 days
- Combined average median length of stay: 15 days
- Total average daily census for all patients: 333
- The PMIC has served 57 children for whom other PMIC or community placements were unavailable
- Total percent of psychiatric readmissions within 30 days of last discharge: 10.7
- Number of leases in effect: 13
- Number of transportation contracts in effect: 25

What's next:

- To continue to provide existing programs at the current level
- Expand partnerships with governmental and private agencies to further enhance campus utilization



Targeted Case Management Services

Why:

- We are an accredited Title XIX provider of Targeted Case Management (TCM)
- We partner with county boards of supervisors, central points of coordination, providers and our consumers to secure effective services

Who:

- In FY 2000, 29 counties have selected us to serve 2,385 consumers

What:

- Assess each consumer's skills and abilities relative to health, safety and stability on a standardized assessment tool
- Develop, manage, and measure a results oriented plan targeted to improvements in skills and abilities needed to reach the outcomes

How are we doing:

Health:

- In our first year of measures, our consumers experienced 176 psychiatric hospitalizations
- There were 5 deaths attributed to natural causes

Safety:

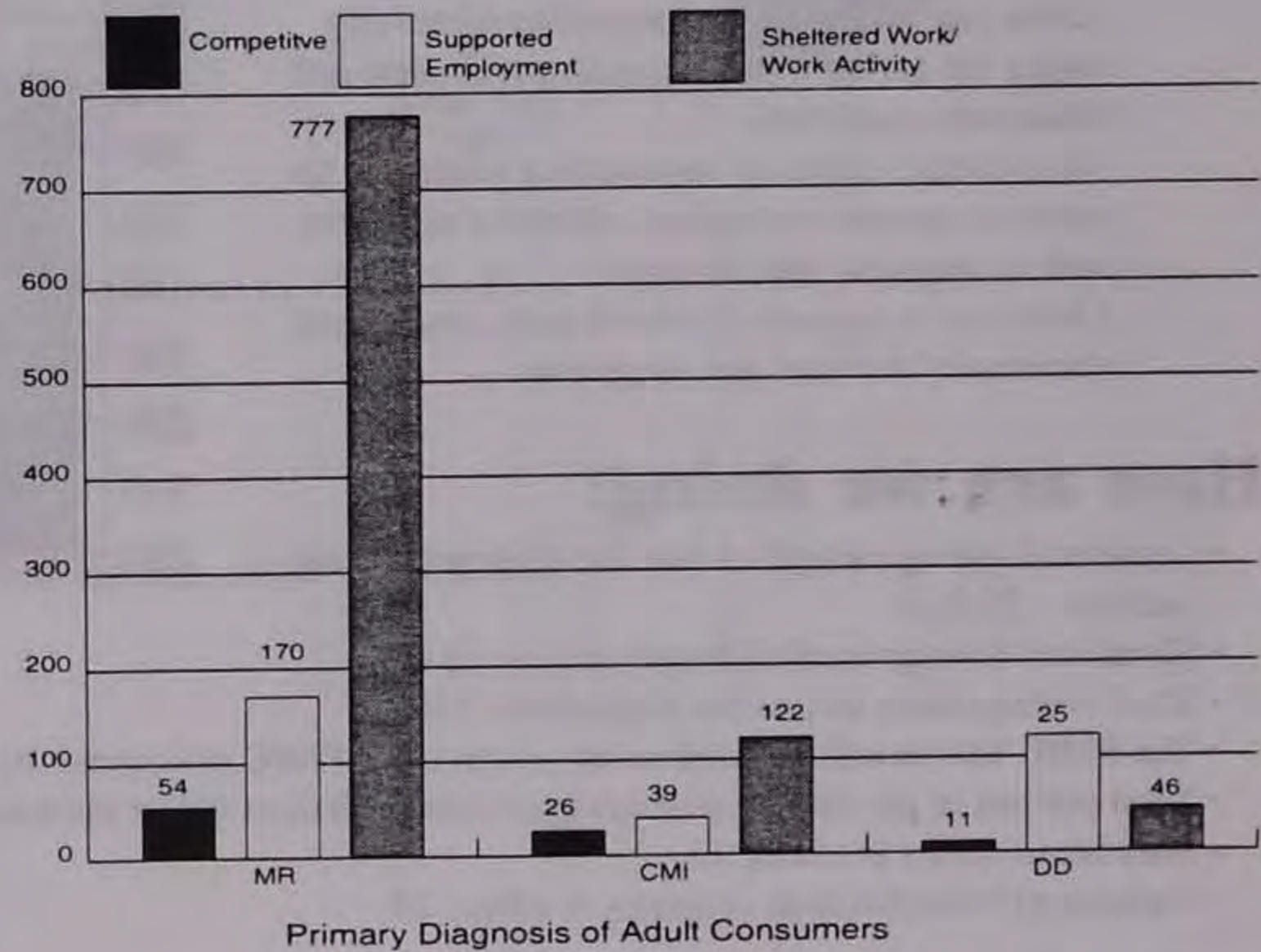
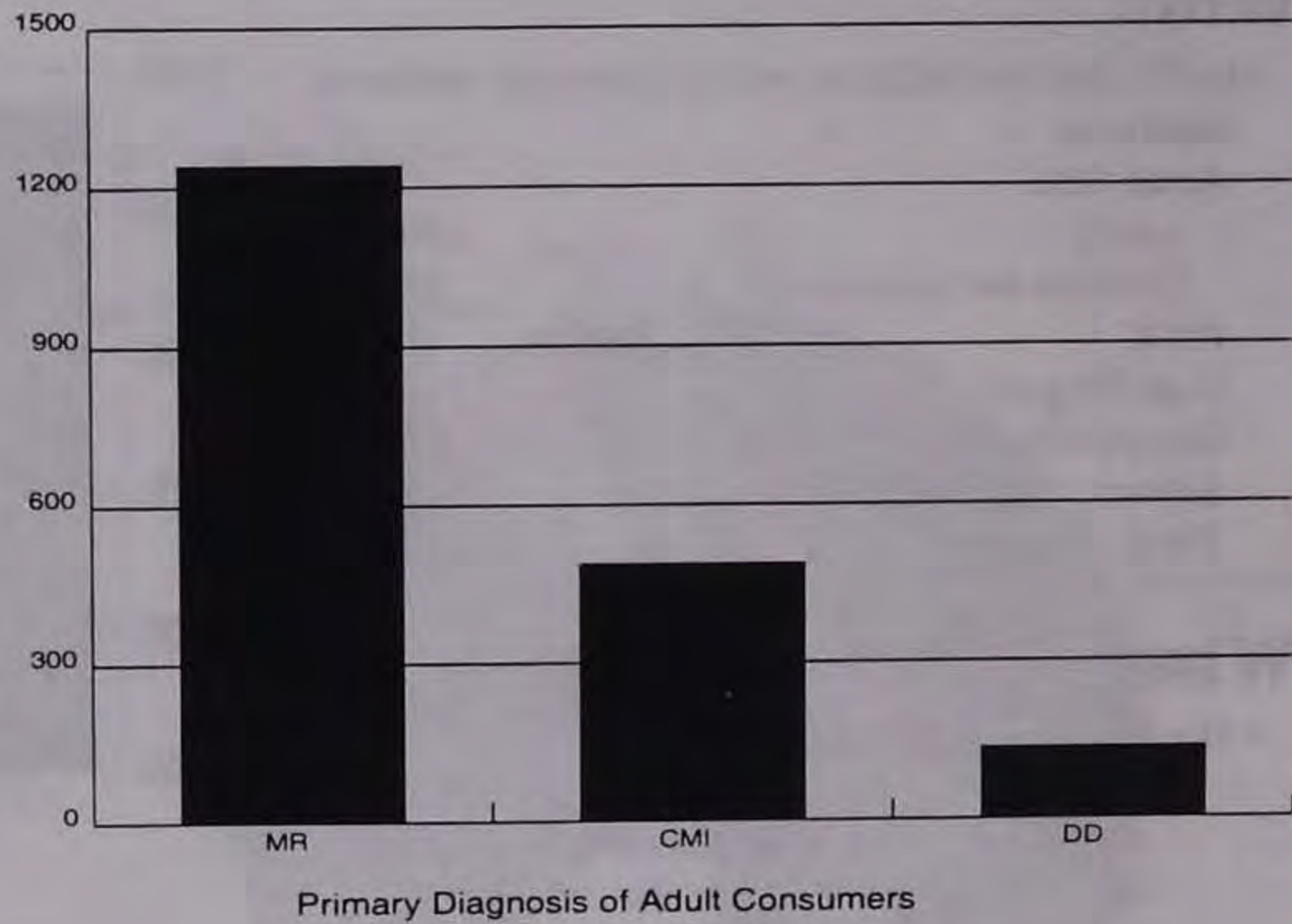
- Baseline: 33 incidents of criminal convictions and 21 abuse reports

Stability:

- Sixty-eight percent of the adult consumers are involved in some type of work setting; 10% of these adults are in competitive settings

What's next:

- Self-sufficiency: We are serving individuals who want a job. We are setting a stretch goal of placing and maintaining 25% competitive employment results for all of our adult consumers
- Collaborate with counties contracting with DHS TCM to customize service within standards required of Title XIX vendors
- Increase our results while maintaining the rate at \$169 per unit so that we contain cost to funding partners
- Compare TCM services to control group receiving minimal services



Safety

- Free from abuse and neglect
- Adequate food, clothing, shelter, and supervision
- Family's strengths can manage any foreseeable threats of harm

Major Initiatives

- Expand school-based supervision
- Expand Eldora after care program
- Expand the Civil Commitment Unit
- Convert the Iowa Juvenile Home

Programs and Services

General Fund

Emergency Assistance
Child Protective Services
Child Abuse Prevention
Protective Child Care
Family Foster Care
Group Care
Shelter Care
Detention
Court Ordered Services
Adolescent Tracking and Monitoring
Supervised Community Treatment
Life Skills Development
School-Based Supervision
Juvenile Institutions
Civil Commitment Unit for Sexual Offenders

Other

Medical Examinations
Child Abuse Project

Department of Human Services
Results Matrix
FY 01

	Source of Funds									Appropriation Key	
	General Fund Appr.	County Match	S.S. Block Grant	TANF	Title XIX	Title IV-E	Title IV-B	Other Federal	Other Receipts		Grand Total
Safety											
Programs											
Emergency Assistance	10,000			2,763,605						2,773,605	N02
Juvenile Institutions	17,588,512							1,066,650		18,655,162	M20 & M22
Protective Child Care	3,696,286									3,696,286	N71
C/A Hotline	21,775									21,775	N71
Attorney for Abuse Expungement Hearings	48,713									48,713	N71
Family Foster Care	14,022,936			6,301,862	2,573,109	11,670,900	1,448,863	897,712	1,395,950	38,311,332	N71
Shelter Care	1,173,845		1,065,578	4,584,931		1,668,119	128,446	79,586	123,754	8,824,259	N71
Medical Exams	85,000									85,000	N71
Group Care	25,111,510				13,089,881	7,774,122	1,355,755	853,060	1,326,517	49,510,845	N71
Adolescent Tracking & Monitoring	4,151,673									4,151,673	N71
Supervised Community Treatment	5,194,197			300,000						5,494,197	N71
Court Ordered Services	3,290,000									3,290,000	N71
Life Skills Development	537,500									537,500	N71
School Based Supervision	4,248,000									4,248,000	N71
Detention	3,729,163									3,729,163	N71
Child Abuse Prevention	731,000									731,000	N50
Sexually Violent Predators	1,795,633									1,795,633	M28
Field Operations										31,383,660	M10
General Administration										5,336,713	M01
Total >>>	85,435,743		1,065,578	13,950,398	15,662,990	21,113,141	2,933,064	1,830,357	3,912,871	182,624,515	

NOTE: This matrix lists all programs, both federal and state, and all funding sources. You will not find corresponding narrative pages for all programs.

Emergency Assistance Program (EA)

Why:

- The Emergency Assistance (EA) program promotes family safety by providing one-time housing-related vendor payments to reduce or avoid homelessness

Who:

- EA is available to families with children and income at or below 100% of the federal poverty guidelines based on family size, and having liquid resources not exceeding \$1,000, who have an emergency threatening their living situation
- About half of all EA households are receiving Family Investment Program (FIP) assistance, Medical Assistance, and Food Stamps when approved for EA. 20-25% are receiving Food Stamps only and 20-25% are not receiving any assistance under these three programs
- In state fiscal year 1999, EA operated for 27 weeks from October 1, 1998, through April 7, 1999, when available funds were exhausted. In state fiscal year 1999, EA served 6,460 families representing 20,433 persons, including 12,520 children; nearly 58% were first-time EA recipients. If the EA program received enough funding to operate year-round, EA could serve an estimated 12,447 families each year representing an estimated 39,370 persons, including 24,123 children

What:

- EA can be used to pay for: rent, rent deposits, house payments, utilities, utility deposits, and the purchase or repair of heating equipment
- Households may receive a maximum of \$500 in assistance during a 30-day period of eligibility only once every 12 months
- The program starts October 1st each year and continues until available funds for the state fiscal year are exhausted
- \$10,000 in state funds is allocated each year for the Community Voice Mail program to provide access to phone service to persons without phones

How are we doing:

- In state fiscal year 1999, EA payments totaling \$2,558,193 were approved for 6,460 families at an average of \$396.01 per family. This compares to \$2,567,544 approved for 6,495 families in SFY 98 at an average cost of \$395.31 per family
- In state fiscal year 1999, the EA program operated from October 1 to April 7. This compares to October 1 through March 7 in SFY 98
- The percentage of families receiving EA in state fiscal year 1999 who also received EA in state fiscal year 1998 was 21.5%. This compares to 16.3% of families receiving EA in state fiscal year 1998 who also received EA in state fiscal year 1997

What's Next:

- Maintain the current service level for Emergency Assistance, making adjustments for projected cost-of-living increases in the average cost per family; no new initiatives are proposed

Emergency Assistance Demographics

Years of program participation for families:

	1998	1999
One	65.7%	57.9%
Two	23.9	23.2
Three	7.9	10.7
Four or more	2.5	8.2

How families used funds:

Rent	52.7%	59.6%
Utilities	29	21.9
Rent deposit	13.3	14.8
Utility deposit	2.7	2.4
House payment	1.5	1.8
Heating equip. repair or purchase	.9	.6

Number of families served:

1994	5,044
1995	4,928
1996	4,855
1997	5,264
1998	7,033
1999	6,460

Expenditures:

	Program End	Funds Available (millions)
1994	Feb 2	1.754
1995	Jan 30	1.754
1996	Jan 16	1.755
1997	Jan 21	1.97
1998	Mar 7	2.57
1999	April 7	2.57

Child Protective Services

Why?

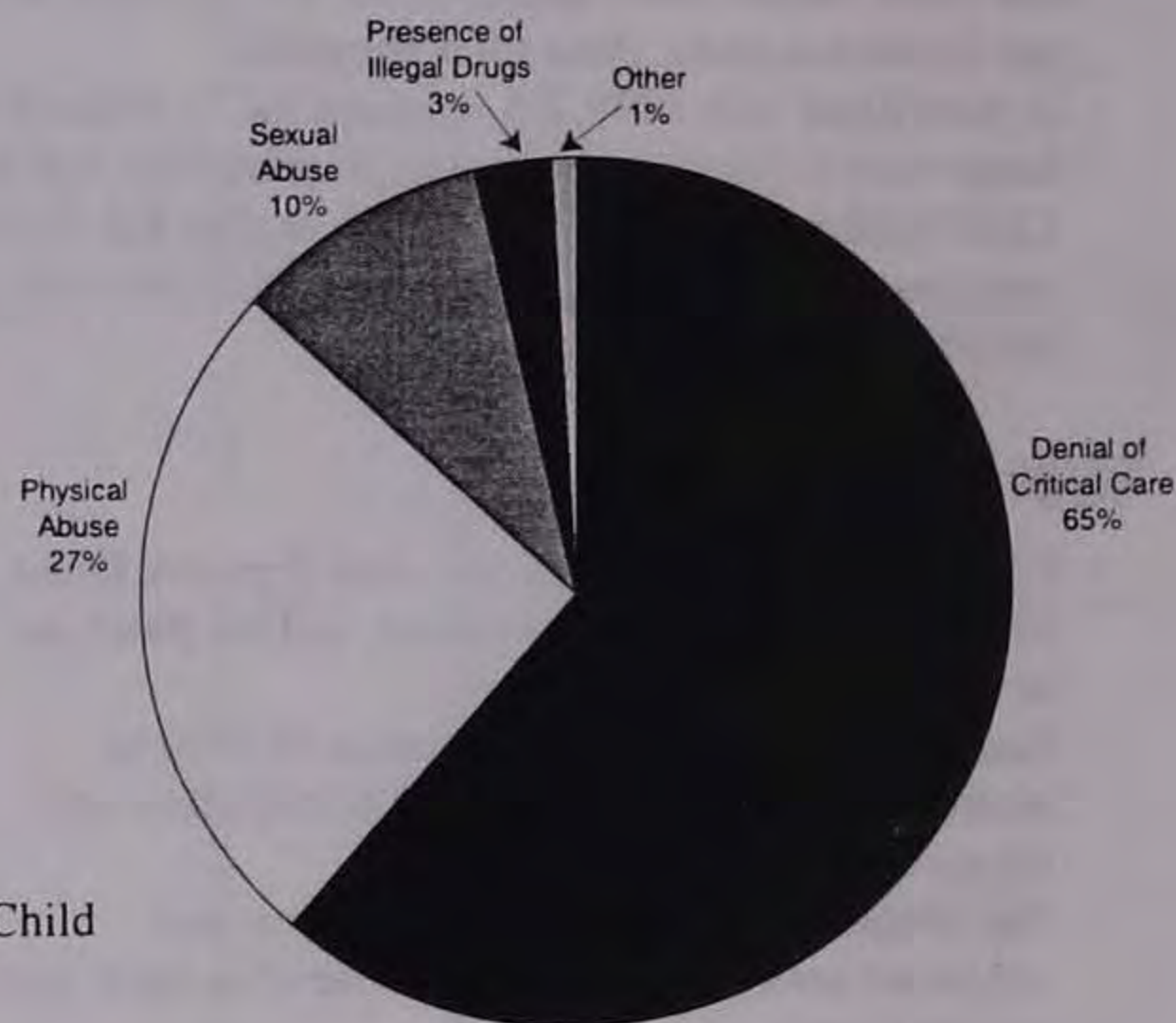
- To ensure the safety of children
- To reduce the recurrence of child abuse and neglect

Who?

- Children, 0 -18 years of age, and families who are subjects of alleged child abuse
- 19,539 reports of child abuse and neglect; 9,836 confirmed
- Of those confirmed:
 - 41.7% age 0 -5
 - 35% age 6 -11
 - 17.6% age 12 -15
 - 5.7% age 16+

What do we do?

- Protect children by providing services or seeking court removal
- Assess child safety and risk, as well as family strengths and needs
- Maintain the child abuse registry
- Review requests for expungement from the child abuse registry
- Participate with the Edna McConnell Clark Foundation in the Community Partnerships for Protection of Children project
- Provide competency based training to staff through the Child Protection Academy



How are we doing?

- 60% of assessment cases were offered services
- Complete expungement requests in an average of 155 days
- Using national data from 1996, Iowa's rate per 1,000 for reported child abuse was 45.6, while the national median was 44.5 (Child Welfare League of America, 1999 Stat Book)
- Using national data from 1996, Iowa's rate per 1,000 for confirmed child abuse was 13.9, while the national median was 13.2 (Child Welfare League of America, 1999 Stat Book)

What's Next:

- Continue to collaborate with our community partners

Child Abuse Prevention Program

Why:

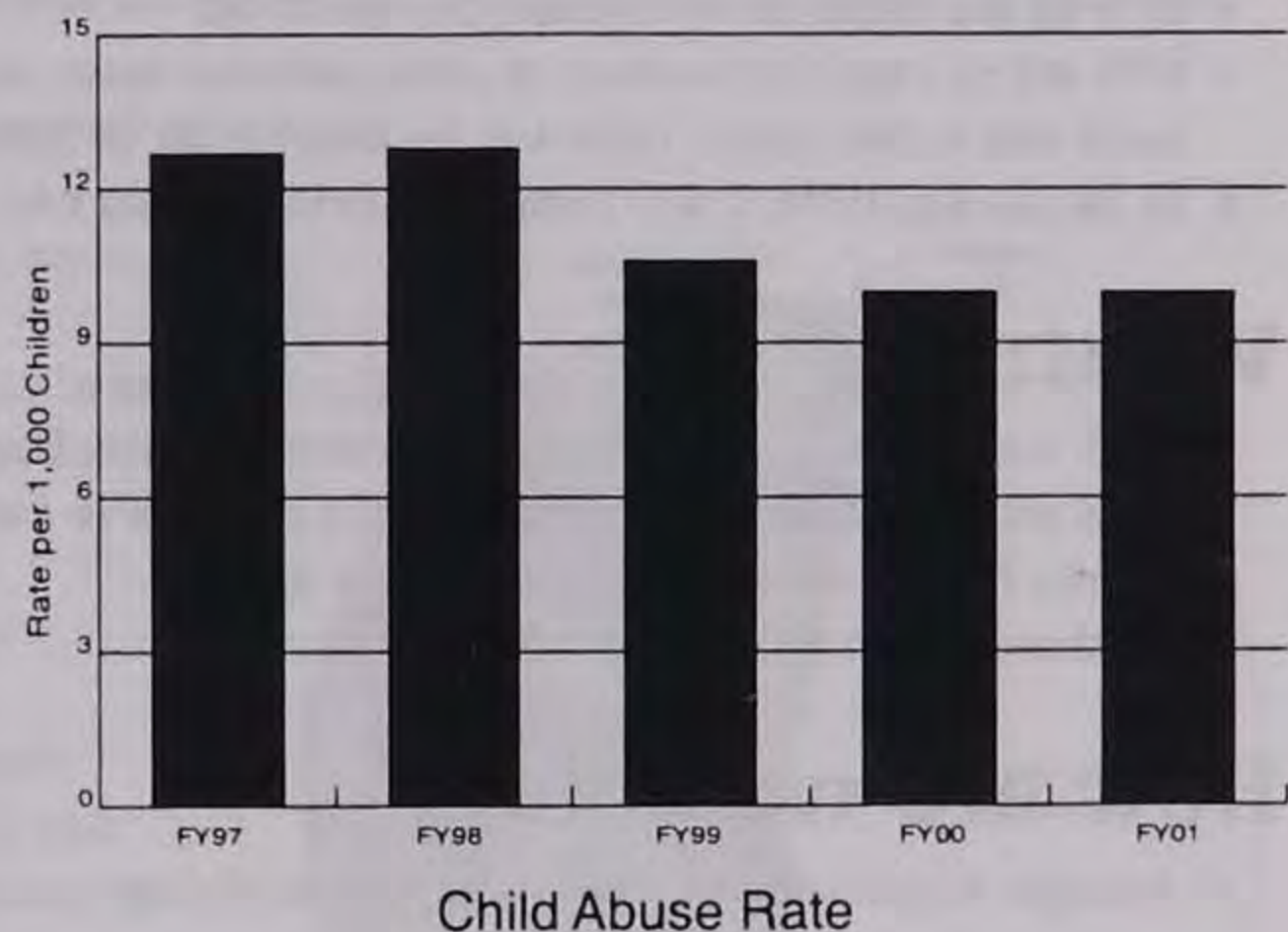
- To reduce child abuse and neglect

Who:

- Families and children at key points in the family life cycle - immediately after birth of a child, young parents with infants, families under stress regardless of age of parent or child
- Services were provided to 8,897 families and 28,786 children

What:

- Grants are awarded to local child abuse prevention chapters, who provide a local match for the following programs:
 - Crisis nursery services (6 counties)
 - Home visitor program (24 counties)
 - Parent education (26 counties)
 - Respite care services (18 counties)
 - Sexual abuse prevention (15 counties)
 - Young parents (14 counties)



How are we doing:

- 62 local chapters serving in 65 counties
- Child abuse rate is 10.6 founded cases per 1,000 children
- 2,409 newborns had contact with a home visitor through the grants
- 88% of parents completing parent education report they feel more confident in their ability to parent

What's next:

- Continue funding support

Protective Child Care

Why:

- To provide safe child care environment for children to reduce the risk of child abuse

Who:

- Families with confirmed child abuse, domestic violence, or alcohol or substance abuse, regardless of income

What:

- Access to child care, as well as respite and parenting skill training

How are we doing:

- 2,727 children were served in fiscal year 1999

What's next:

- Continue funding support

Family Foster Care

Why:

- To provide a safe family environment for children who have been abused
- To reduce the risk and recurrence of child abuse and neglect
- To provide treatment in a family setting

Who:

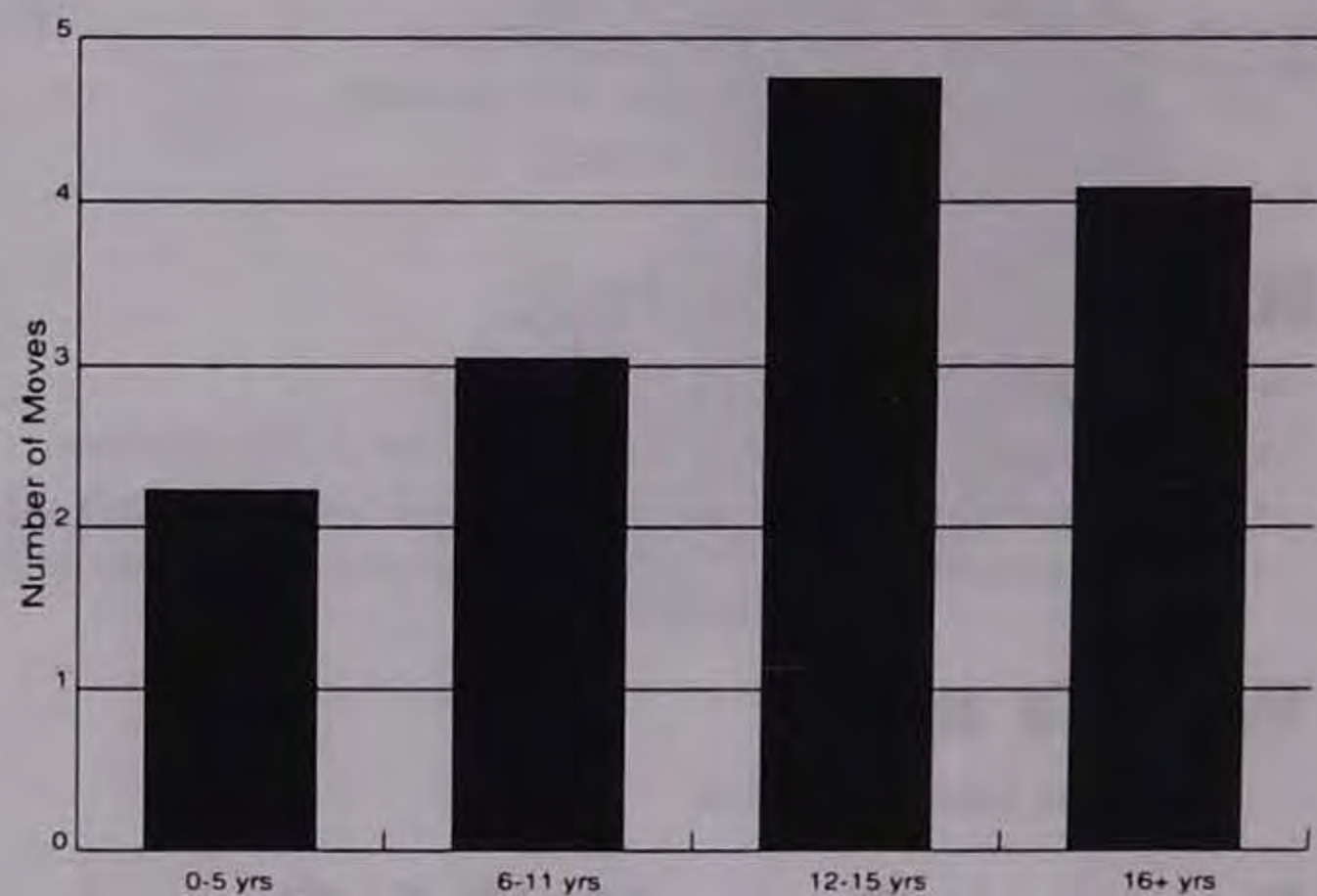
- 5,099 children, 0-20 years old, or 2,934 per month were served in fiscal year 1999
- 61% of the children were under the age of 12
- 68% are in care due to abuse or other parental issue, including alcohol and substance abuse, 32% were in placement due to the child's behavior, by court order or through a voluntary placement agreement
- In fiscal year 1999, 2,443 families provided foster care

What:

- DHS works with private providers to recruit, train, license and support foster families
- DHS provides case management for the children in care
- Family foster care services and support are purchased from private providers

How are we doing:

- Average length of time families have been foster parents is 3 years. 25% have been foster parents for over 5 years
- The average number of moves in fiscal year 1999 was 4.09 times for all children in foster care; frequent moves in foster care hinder a child's sense of stability and ability to make progress
- Iowa ranks 7th best out of 36 states reported by the Child Welfare League of America for the ratio of foster homes available to children in care



What's next:

- Enhance the training of foster and adoptive parents to improve preparation and skills necessary to serve special needs children and to help these children achieve permanency and reduce the number times a child moves from one home to another

Group Care

Why:

- To provide treatment for youth with serious behavioral problems
- To hold youth accountable for their behavior and to protect the community
- To prevent recurrence of delinquent behaviors by youth with serious behavior problems

Who:

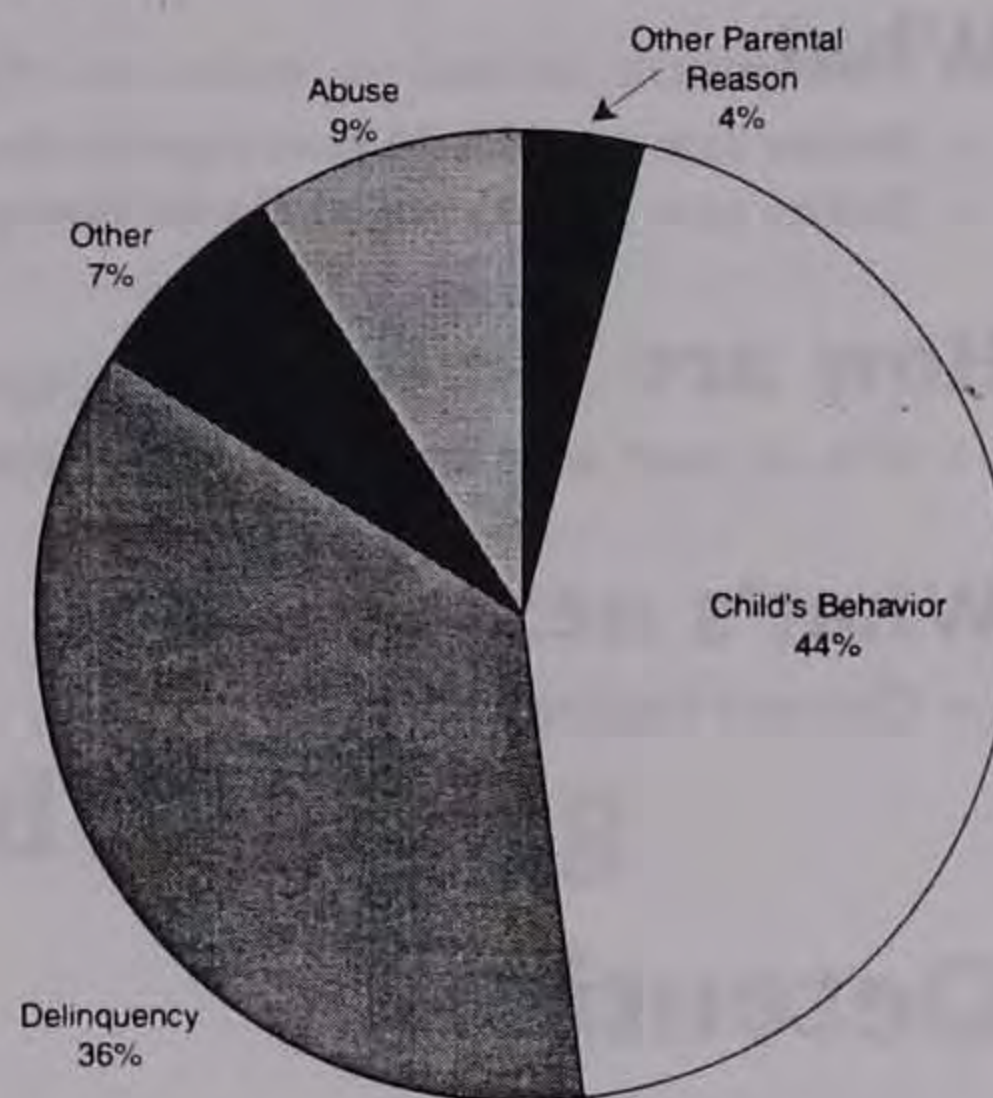
- Group care serves youth with serious behavioral problems for which community treatment or care in a family setting is unsuccessful, or youth who have committed serious delinquent acts, making them a danger to the community
- In fiscal year 1999, 2,731 youth were served in group care with an average monthly population of 1,114
- The majority of youth in group care are age 12 and older, male, and 44% have serious behavioral or delinquent behaviors
- It is estimated that 30 to 60% come from families involved in drug or alcohol abuse, family violence, criminal activity, prison or homelessness

What:

- DHS and Juvenile Court Services provide case management
- Group care facilities provide 24 hour supervision, therapy and counseling, skill development, and discharge/aftercare planning

How are we doing:

- Approximately 50% of the youth are discharged to their homes, 40% are discharged to another level of out-of-home care or another group care setting
- The median length of stay is 198 days
- 69% of youth discharged with community supports are not readmitted to group care within 12 months of discharge
- A monthly average of 59 youth are placed out of state



Reasons for Group Care Referral
Fiscal Year 1999

What's next:

- Continue funding support
- Remove group care budget cap, as well as set-aside for boot camps, allowing DHS and Juvenile Court Services flexibility in the use of other funds (e.g., community-based graduated sanctions, family foster care, etc.) to place additional youth in group care when appropriate

Shelter Care

Why:

- To provide, safe and supervised, short-term emergency care for youth

Who:

- 2,838 youth, with 90% being 12 -18 years of age
- 27% were in placement with the primary reason being abuse or parental issues, including alcohol and substance abuse
- Most youth in shelter care have behavioral or emotional problems
- 55% were in care because of child related reasons and 18% for delinquency

What:

- Shelter care provides 24 hour supervision, crisis intervention services and behavioral assessments
- Shelter care services are purchased from private and public (county) providers

How are we doing:

- 67% of youth were discharged from shelter care in 30 days or less

What's next:

- Continue funding support

Detention

Why:

- To protect the community from youth determined to be a risk and placement is necessary for community safety while the youth awaits court proceedings or until treatment services can be arranged
- To hold youth accountable for brief periods of time (up to 48 hours)

Who:

- Youth charged with committing a delinquent act while they wait for adjudication and/or disposition
- Youth ordered by the Juvenile Court for a 48 hour hold

What:

- DHS reimburses county (or multi-county) detention facilities with license reinstatement fines for a percentage of their costs in FY 2000
- The facilities provide 24 hour supervision, medical care, and educational resources

What's next:

- Reimburse county detention facilities through \$3.7 million state appropriation in FY 2001

Court Ordered Care and Treatment

Why:

- To provide funding for court-ordered services for which no other fund sources are available

Who:

- Any juvenile and/or juvenile's family who have no other payment source for identified services, when ordered by the Juvenile Court

What:

- DHS allocates funds to each of the eight judicial districts for private provider reimbursement and pays provider reimbursement claims submitted by judicial districts
- 50% of the funds are for drug testing and treatment services, other services include evaluations, transportation, and education

How are we doing:

- In fiscal year 1999, \$3.1 million was allocated to the eight judicial districts

What's next:

- Continue funding support

Adolescent Monitoring and Tracking

Why:

- To divert youth from delinquency
- To hold youth accountable for their activities and to reduce recurrence of delinquent behavior
- To divert youth from group care

Who:

- Over 2,000 youth served statewide
- Youth served are either at risk of group care placement or returning from group care

What:

- DHS allocates funds to each of the eight judicial districts, who in turn contract with private providers for service delivery
- Trackers hold youth accountable by monitoring day-to-day activities, including curfew and school attendance checks
- Trackers also provide advocacy, outreach, and referrals to community services

How are we doing:

- 69.2% of youth experienced no arrest in the six months following completion of the program
- 86% of youth in the program were diverted from group care

What's next:

- Continue funding support

Supervised Community Treatment

Why:

- To divert youth from delinquency and hold youth accountable for their behavior
- To reduce recurrence of delinquent behavior
- To divert youth from group care, including after care to prevent readmission

Who:

- A monthly average of 357 youth, ages 9-17, experiencing significant behavioral and emotional problems participate in the program
- Many of the youth are at risk of group care placement and the program is seen as the “last stop” for “going straight” and avoiding placement
- Youth returning from group care or juvenile institutions

What:

- DHS allocates funds to each of the eight judicial districts, who in turn contract with private providers for service delivery
- Youth in the program participate five to seven times a week, several hours per day
- Specific strategies include social and living skills development, group and individual counseling, family support services, and supervision

How are we doing:

- 76.5% of youth experienced no arrest after completing the program
- 85% of youth in the program diverted from group care

What's next:

- Continue funding support

Life Skills Development

Why:

- To divert youth from delinquent behavior
- To reduce recurrence of delinquent behavior
- To help youth development skills to manage their behavior

Who:

- Youth ages 12-17 under court supervision as adjudicated delinquent or at-risk of adjudication
- Youth in need of social and interpersonal skill development to divert them from delinquent behavior
- 637 youth participate monthly in the program

What:

- DHS allocates funds to each of the eight judicial districts, who in turn contract with private providers for service delivery
- Life Skills Development provides interpersonal skills training and competencies to redirect youth from delinquent behavior, in small group settings

How are we doing:

- 84.8% not arrested for a crime after completing the program
- 97% of youth in the program diverted from group care

What's next:

- Continue funding support

School-Based Supervision

Why:

- To help schools manage disruptive behavior, reduce violence, prevent school dropouts, and improve school attendance
- To divert youth from delinquent behavior and reduce recurrence of delinquent behavior

Who:

- Youth ages 12-17 who are adjudicated delinquent or at risk of adjudication
- Youth are referred by DHS, the courts, or the school

What:

- DHS collaborates with local school districts and Juvenile Court to jointly fund the program (DHS and Juvenile Court 75% and the school district 25%)
- The program provides immediate sanctions for misbehavior and truancy, court intake and family assistance services, and coordinates with the school to redirect youth toward positive involvement in the classroom
- Currently the program serves 79 school districts, including 163 schools with programs for youth in grades 6 through 8

How are we doing:

- Schools report a 60% reduction in disciplinary referrals where the program exists

What's next:

- Improve positive youth development and school discipline by adding 52 liaisons

Juvenile Institutions

- There are two juvenile institutions
 - Iowa Juvenile Home (Toledo) for females
 - Iowa State Training School (Eldora) for males

Iowa Juvenile Home (Toledo)

Why:

- To provide treatment to youth with significant behavioral problems
- To prevent the occurrence or recurrence of juvenile delinquency

Who:

- Effective fiscal year 2000, Toledo will serve only females including females age 12-17 who have been adjudicated CINA (Child in Need of Assistance) who are in need of a restrictive environment due to severe behavioral, emotional, or delinquent behaviors
- Female youth, age 12 -17 who have been adjudicated delinquent with 15 years 9 months old as the average at time of admission
- In fiscal year 1999, 155 children were served annually, with an average daily population of 93, including 24 delinquent girls, 35 CINA girls and 34 CINA boys
- 58% of the population need psychotropic medications
- 62% of the youth need special education services

What:

- Toledo is a DHS operated facility with 35 beds available for female delinquents and 67 beds for those residents adjudicated CINA
- To address the needs of the residents Toledo provides individual, group and family counseling, substance abuse treatment, health services, and education and vocational programs

How are we doing:

- The recidivism rate at Toledo is 29% for CINA and 26% for delinquents
- Average reading, math, and language improvement of the youth educational program is 2.3 per month of participation in the educational program
- To better reintegrate the youth in the community, 46% of discharged youth had an aftercare plan using community based services

What's next:

- Continue funding support
- Convert to an all female institution, and strengthen educational curriculum and other services for girls

Iowa State Training School (Eldora)

Why:

- To prevent the recurrence of juvenile delinquency
- To hold youth accountable for their behavior

Who:

- Males age 12-17 adjudicated delinquent with severe behavior requiring a restrictive setting with 72% committing crimes against a person
- In fiscal year 1999, 5% of all the youth served have severe mental health diagnoses, including dual diagnoses
 - 81% of the youth report alcohol or drug problems at the time of admission
 - 55% of the youth also qualify as needing special education services
 - 271 children are served annually, with an average daily population of 193

What:

- Eldora is a state operated facility with 209 beds for males
- Eldora provides individual, group and family counseling, substance abuse treatment, health services, gang resistance, sexual abuse, and substance abuse programs, and education and vocational programs

How are we doing:

- The recidivism rate at Eldora is 23.9%
- Average reading, math, and language improvement of youth educational program is 1.07 per month of participation in the educational program
- To better reintegrate the youth in the community, aftercare plans for discharged youth increased from 31% to 70% during fiscal year 1999

What's next:

- Continue funding
- Construction of an education and vocational facility
- Expand the after care program to three additional judicial districts

Civil Commitment Unit For Sexual Offenders

Why:

- Senate File 2398 created a new class of civil commitment for persons determined to be sexually violent predators
- This program operates in a secure environment to provide care and treatment for persons who are deemed to be sexually violent predators. These patients are confined in this setting until they are determined to be a low risk for sexual re-offending and for committing violent acts

Who:

- To be considered for commitment a person must have been charged with or found guilty of a sex-related crime and have a mental abnormality that predisposes them to commit further sexually violent offenses
- Patients are initially referred by a Department of Corrections Multidisciplinary Review Committee which reviews sexual offenders who are approaching their release dates from prison. Those with violent histories and repeat offense histories are referred to the Prosecutor's Review Committee in the Office of the Attorney General for further investigation

What:

- CCUSO stands for Civil Commitment Program for Sexual Offenders. This is the name DHS has given to the program created by Senate File 2398 which provided for the establishment of a civil commitment program for "sexually violent predators"
- The CCUSO program consists of five treatment phases each of which has specific completion criteria, including physiological assessments of the patient's self-reports. Discharge planning and supervision (if ordered by the court) are included as part of the fifth phase of treatment
- This unit is located within the Iowa Medical and Classification Center at Oakdale. The Department of Human Services operates the treatment program and contracts with the Department of Corrections for space, security and other support services
- Patients are kept isolated from inmates and other patients at the Oakdale facility in order to provide them the most therapeutic environment possible for treatment success

How are we doing:

- One patient was admitted to the unit in FY 1999. As of Sept. 14, 1999, seventeen additional individuals have been reviewed by the courts and are awaiting commitment trials
- As of Sept. 15, 1999, 88 cases had been referred to the Prosecutor's Review Committee; a petition for a probable cause hearing was filed in 22 of these cases

What's next:

- The rate of admissions is expected to increase as the newly hired public defenders take on the cases filed by the Attorney General's office
- The annual per-patient cost will be reduced significantly as more patients are committed and admitted into the program

Stability

- Continuity of relationships, routines, and environment
- Children grow up in permanent families
- Children and families have access to supports and services within their own homes and communities

Major Initiatives

- 4% increase in cash assistance benefits
- Expand Family Support Subsidy

Programs and Services

General Fund

Family Investment Program
Electronic Benefits Transfer
Individual Development Accounts
Child Care Assistance
Family Preservation
Family-Centered
Promoting Safe and Stable Families Grants
Wrap-Around Services
Decategorization
Permanency Planning
Subsidized Guardianship
Adoption
Family Support Subsidy
Children-at-Home
State Hospital-Schools
Special Needs Grants

Other

Parent-Child Visitation
Child Welfare Training
Family and Children Services (FACS)
Outcome-Based Performance Monitoring
Child Welfare Initiatives
Supplemental Security Income

Department of Human Services
Results Matrix
FY01

	Source of Funds							CCDF	Other Federal	Other Receipts	Grand Total	Appropriation Key
	General Fund Appr.	County Match	TANF	Title XIX	Title IV-E	Title IV-B	Title XXI					
Stability												
Programs												
Family Investment Program-Cash Assistance	26,510,016		43,901,769	380,192					730,192	12,408,906	83,931,075	N01
Early Childhood funding			3,800,000								3,800,000	N01
Wrap-Around Services	1,233,139		1,000,000								2,233,139	N71
Adoption	14,938,566				18,747,295						33,685,861	N71
Permanency Planning	251,394				108,060						359,454	N71
Mediation for Permanency	122,130				77,870						200,000	N71
Family Centered	18,503,756		10,000,000	9,353,601							37,857,357	N71
Parent-Child Visitation	102,232				57,768						160,000	N71
Child Welfare Training	349,386				490,534						839,920	N71
FACS	517,546				517,546						1,035,092	N71
Outcome Based Perf. Monitoring	118,462				67,902						186,364	N71
Child welfare accountability	213,727				136,273						350,000	N71
Child Welfare Initiatives	828,315			191,522							1,019,837	N71
SSI	275,000										275,000	N71
Family Preservation	932,212		1,500,000	750,128							3,182,340	N71
Promoting Safe and Stable Families	733,429		200,000		57,504	1,768,231					2,759,164	N71
Family Based Services	211,397				118,603						330,000	N71
Child Care Assistance	5,050,750		18,969,567				30,389,871				54,410,188	N56
Family Support Subsidy	1,944,897										1,944,897	N32
Children at Home	267,000										267,000	N32
State Hospital Schools	6,295,872	19,084,769							349,064	50,552,926	76,282,631	M40 & M42
DD Special Needs Grants / Projects	53,212										53,212	N33
MI Special Services	121,220										121,220	N33
Personal Assistance	364,000										364,000	N38
Field Operations											24,664,823	M10
General Administration											7,649,632	
Total >>>	79,937,658	19,084,769	79,371,336	10,675,443	20,379,355	1,768,231	30,389,871	1,079,256	62,961,832	337,962,206		

NOTE: This matrix lists all programs, both federal and state, and all funding sources. You will not find corresponding narrative pages for all programs.

Family Investment Program (FIP)

Why:

- FIP provides direct cash assistance to needy families while they become self-supporting

Who:

- In FY 1999, FIP served all families statewide who met program requirements such as income and asset limits
- The average FIP recipient in Iowa is a 28-year-old, high school educated, single Caucasian female with two children who receives food stamps, Medicaid, and child support services

What:

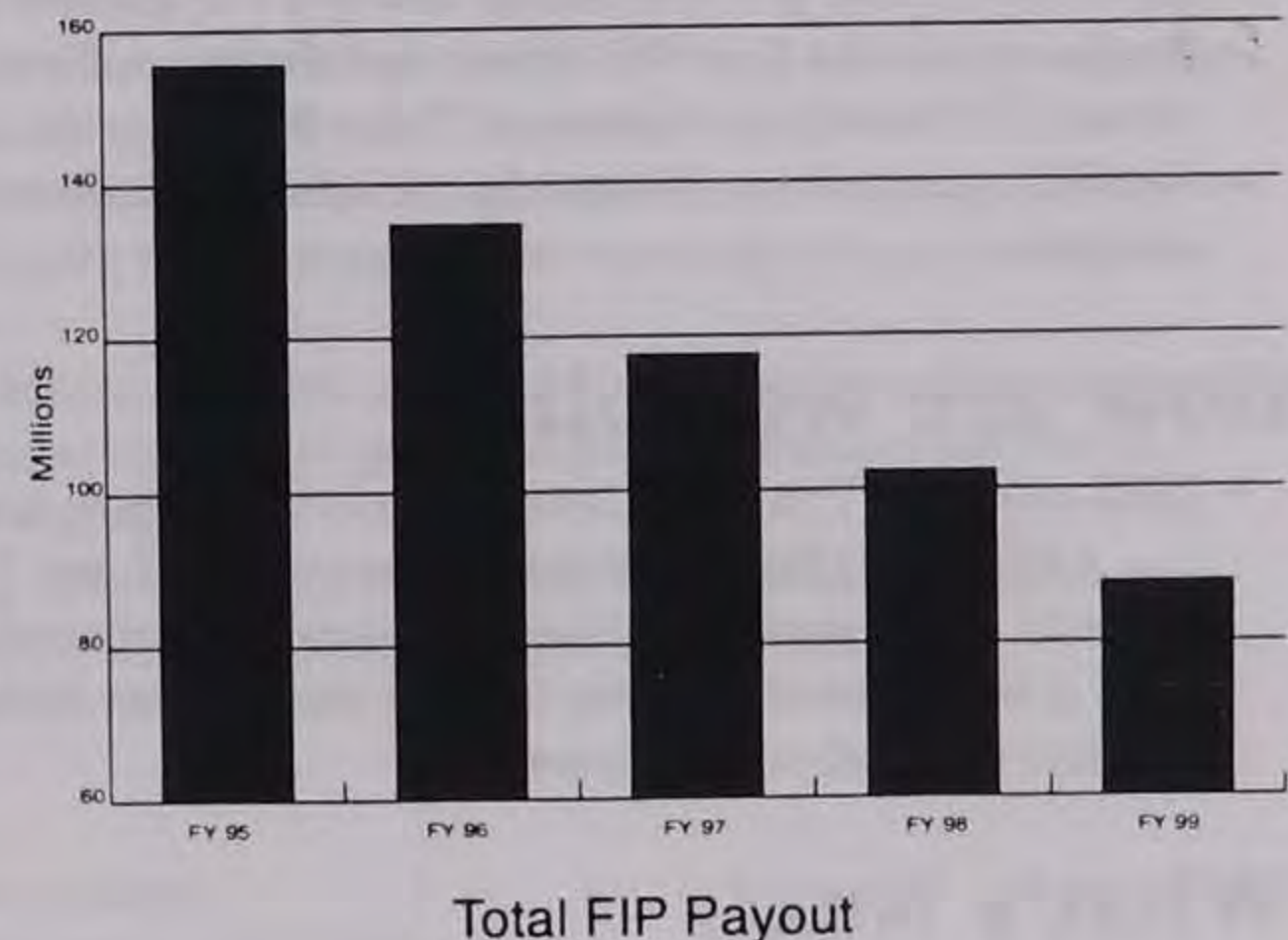
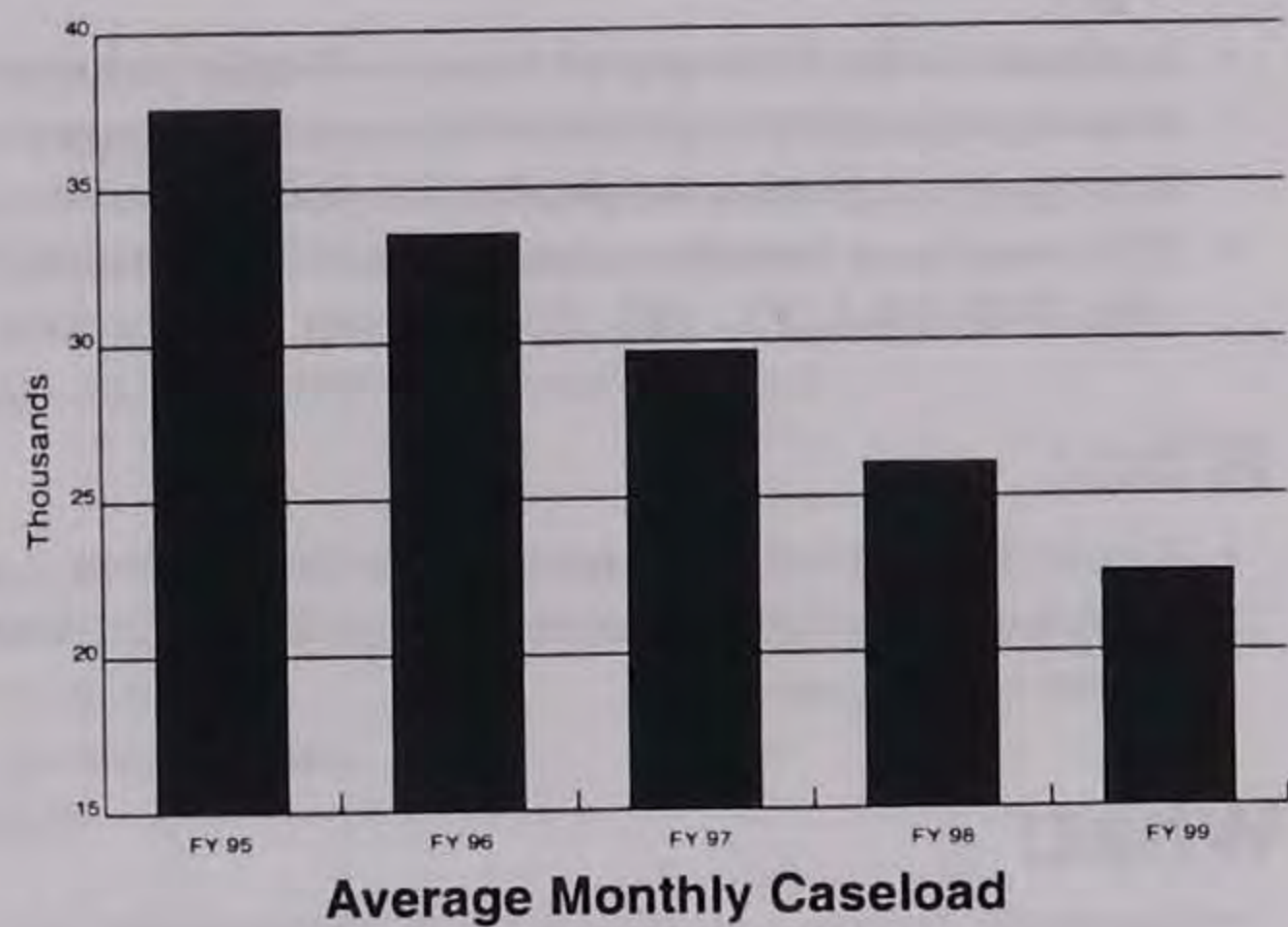
- FIP provides monthly cash payments based upon family size and income
- The program rewards families who work and encourages family stability
- Child care is available to support families while they are in work-related activities. Families on FIP qualify for Child Care Assistance without regard to income, waiting lists, and other eligibility criteria

How are we doing:

- 22,589 families are served monthly on average (or, 60,377 people). 78% of these families had one parent in the home, 12% had both parents in the home, and 10% were children living with a caretaker relative

What's Next:

- Increase FIP payment levels by 4% effective January 1, 2001, as a first step in bringing payment levels in line with inflation. The last FIP payment level increase was in 1990. Increasing the FIP payment levels will also allow around 300 more families to access FIP since an increase in payment levels also increases income limits for the program



Electronic Benefit Transfer (EBT)

Why:

- Replaces the food stamp paper coupon benefit issuance system with current electronic technology
- Allows recipients to experience the same technology as the general population and reduces the stigma of using food stamp coupons at the retailer location
- EBT is a proven benefit issuance system. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA [P.L. 104-103]) requires EBT for food stamp issuance by October 1, 2002

Who:

- A more secure benefit issuance system for recipients—reduces lost and stolen benefits in the mail. Benefit usage is tracked electronically which reduces the fraudulent diversion of benefits and provides a tracking system to identify abusers of the system

What:

- Recipients receive a plastic card with a magnetized stripe
- Benefits are sent to a food stamp and/or a FIP account at SHAZAM (the contractor)
- Recipients access their food stamp benefits at retailers with Point of Sale equipment in Linn County. Recipients access FIP benefits at Automated Teller Machines throughout the state
- Retailers accounts are debited for the benefits electronically. EBT eliminates the food stamp handling costs for retailers

How are we doing:

- DHS offers EBT in Linn County. Participation is voluntary on the part of the recipients and retailers
 - 30% of the Food Stamp recipients use EBT and 55% of the FIP participants use EBT
 - 23 Authorized Food Stamp retailers are participating. Recipients can use ATMs throughout the state
- EBT is not statewide in Iowa because there are no funds to pay retailers a \$.15 fee for each transaction using retailers point-of-sale equipment

What's Next:

- Begin development of a technology system that will support electronic delivery of benefits

Individual Development Accounts (IDA)

Why:

- The IDA Project is a key antipoverty and self-sufficiency tool to help low income Iowans accumulate assets through personal savings and matching contributions so they will meet one or more of their long-term goals of home ownership, starting a business, post-secondary education, or job training in higher skill, higher wage jobs
- Ownership of any of these assets is necessary for the individual to avoid or escape poverty and to achieve self-sufficiency
- People escape poverty and achieve wealth through savings and investment, not simply income

Who:

- Any individual whose family income is at or below 200% of the federal poverty level, e.g., \$33,400 for a family of 4, and who lives near an IDA local project area may participate
- Iowa has a goal of 10,000 IDA accounts statewide through local projects
- IDA participants include individuals, families, and children

What:

- To help poor Iowans to accumulate savings, the Department has designed an overall IDA and solicits community organizations to operate local IDA projects
- The Department provides training and assists community organizations to design, operate, and manage IDA pilots
- IDA organizations help provide matching deposits and require money management training and goal-setting for IDA account holders
- With state assistance, IDA organizations raise matching deposits, recruit account holders, establish IDA accounts in financial institutions which track account activity, and assess participant goals and provide training on how to budget, save, set goals, and restore or build a good credit record
- Local DHS field staff help in the recruitment by referring clients to local IDA projects and assist IDA account holders to achieve savings while maintaining their ongoing FIP, Food Stamps, and Medicaid benefits

How are we doing:

- There are 5 community IDA projects covering at least 14 counties
- As of July 1999, there were 65 IDA account holders with assets of \$17,500
- Beginning in September 1999, there will be 7 community IDA projects, with funding provided by the Assets for Independence Act (AFIA) and state government to grow the local projects, with 240 new IDA account holders expected to participate

What's Next:

- Continue to grow the number of IDA participants through the existing AFIA federal demonstration
- Continue to expand IDAs statewide by certifying additional community organizations to operate local IDA projects

Child Care Assistance and Regulation

Why:

- To assist low-income families access child care
- To assure child care environments meet minimum safety requirements
- To promote quality child care services to foster early childhood development

Who:

- Families qualify for child care assistance when:
 - Their income is at or below 140% federal poverty level or 175% for families with special needs children
 - Parents are working or in full-time academic or vocational training
- 15,934 children between the ages of 0 -13 were provided child care with assistance
- 75% received assistance due to employment, 7% due to education and training

What:

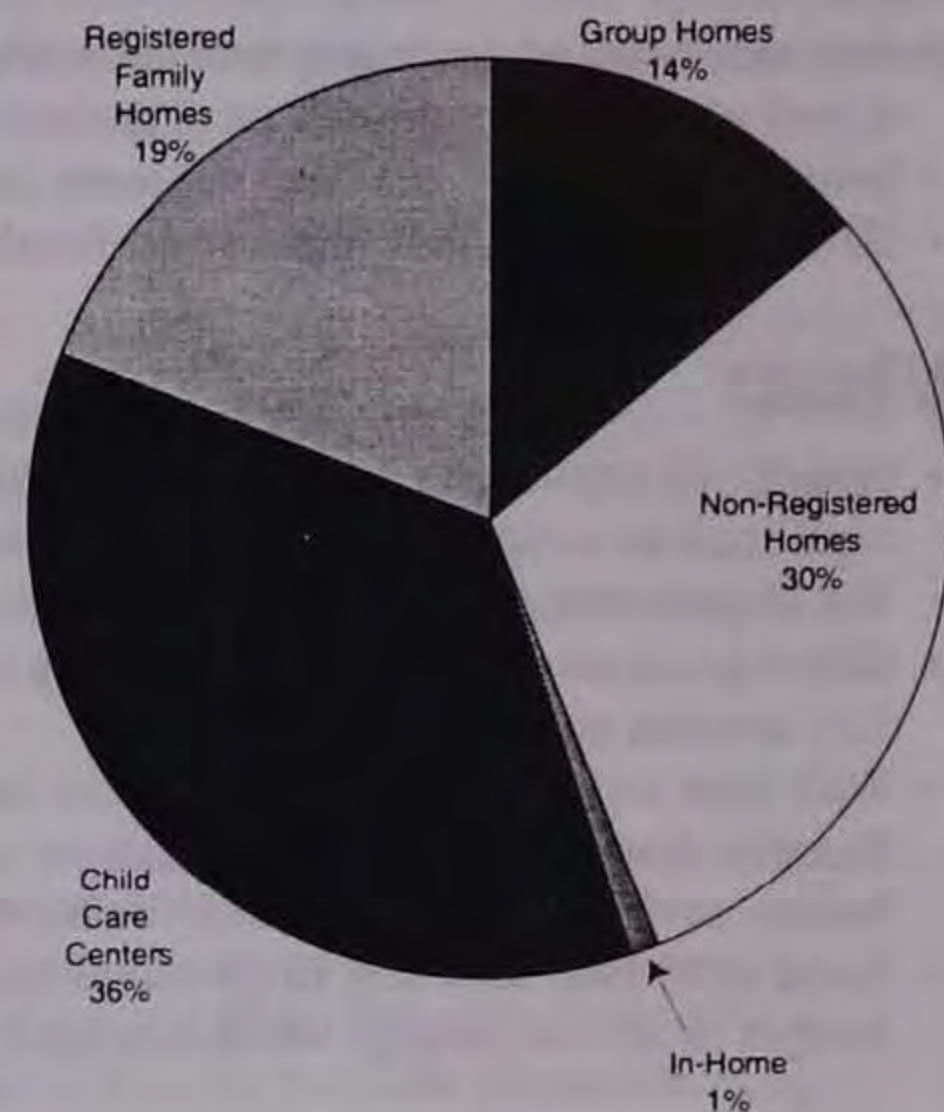
- DHS determines eligibility for subsidies, payments to providers, and training for child care providers
- DHS contracts with child care resource and referral agencies to provide parent referral, consumer education, training, and technical assistance
- DHS also regulates child care providers

How are we doing:

- In FY 1999, there were 1,531 licensed centers and 4,768 registered family and group family homes, with 107,035 slots available for care
- 50% of the paid child care providers served children 0 -2 years old

What's next:

- Implement the Governor's Task Force recommendations
- Develop a single MIS system with TANF funds for eligibility, payment, and licensing
- Maintain provider rates at 75% based on the 1998 provider rate survey



Family Preservation

Why:

- Reduce family stress to keep children safe at home
- Increase family strengths to reduce the risk of child abuse and neglect

Who:

- 1,279 families with children at risk of child abuse and neglect and at risk of out-of-home placement

What:

- DHS provides case management services to the families
- DHS purchases intense, time-limited services from private providers, available 24 hours a day, to stabilize families in crisis

How are we doing:

- 86% of children remain in their home 90 days after completion of the program

What's next:

- Work with partners in substance abuse to address families with alcohol and drug addictions

Family-Centered Services

Why:

- To allow children with chronic or severe problems to safely remain in or return to their homes through family-based services

Who:

- 12,195 children were served in FY 1999
- 45% were children under the age of 12
- 38% of the children served were due primarily to abuse or parental issues and 62% primarily due to child behavior issues

What:

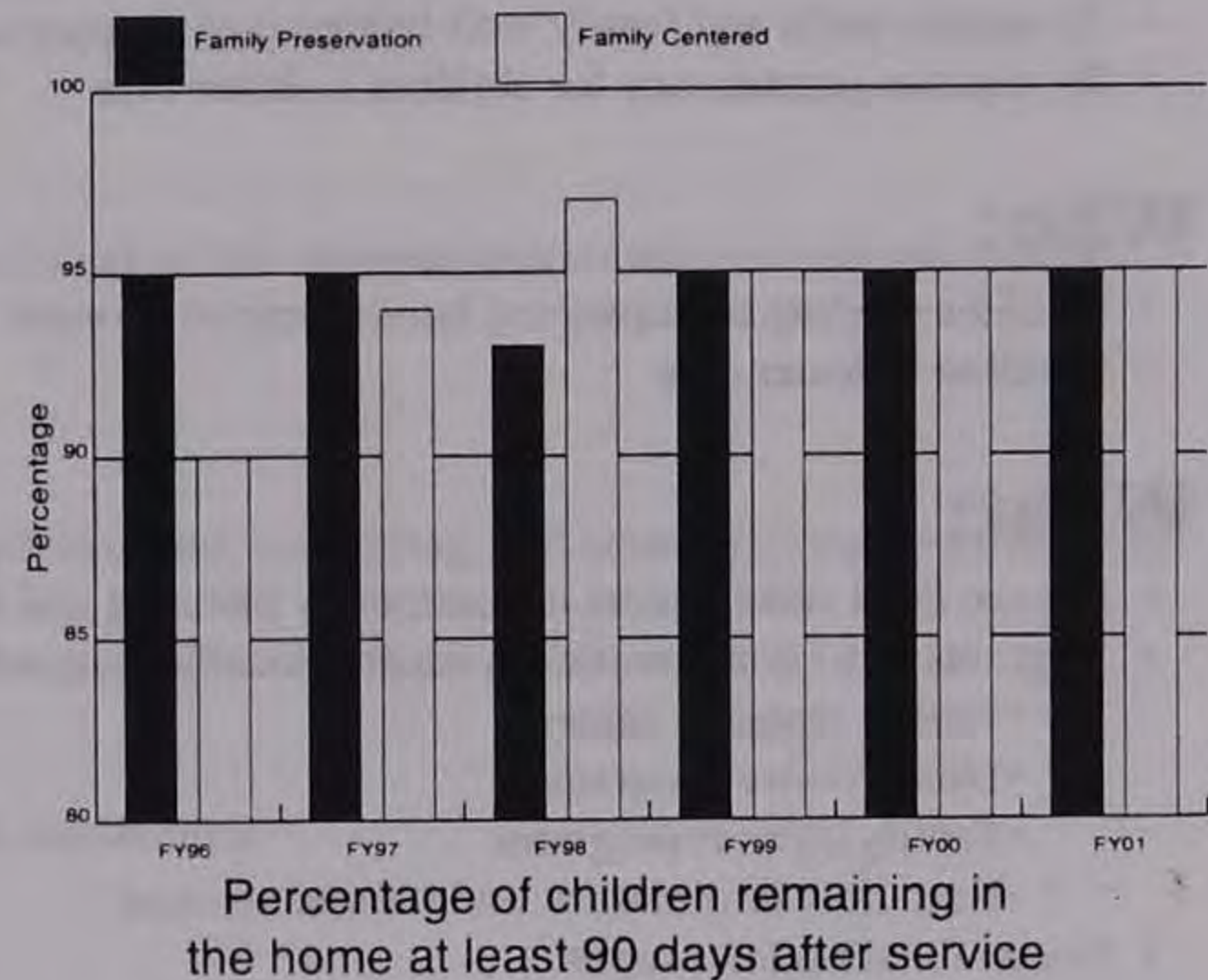
- DHS provides case management services to the families
- DHS purchases an array of in-home services as well as after-school services from private providers

How:

- 96% of the children remain in their home 90 days after completion of the program

What's next:

- Work with partners in substance abuse to address families with alcohol and drug abuse addiction
- Provide COLA to enhance provider staff salaries



Promoting Safe and Stable Families Grants

Why:

- To reduce the risk of child abuse and neglect
- To support child and family well-being
- To improve permanency for children in foster care

Who:

- Families needing or requesting family support services
- Children in foster care

What:

- Engage local stakeholders in community planning and delivery of services
- 30 grants in 67 communities to support locally designed services, including:
 - Family resource centers
 - Home visitor programs
 - Family support programs
 - Resource, information, and referral services
- Grants for adoption support

How are we doing:

- An evaluation of the program, completed in 1998 by the University of Iowa, concluded:
 - Successful community organizing efforts by grant communities
 - Communities were able to introduce key prevention programs
 - Communities were able to fill gaps in services, especially in rural areas
 - Survey of consumers indicated a high level of satisfaction in services they used

What's next:

- Provide state match to draw additional federal funding available in FY 2001

Wrap-Around Services

Why:

- To prevent or shorten out-of-home placements of children and serve children in the least restrictive, most family-like setting through flexible, individualized services and support to families

Who?

- Children under the age of 18 and their families who are at risk of out-of-home placement or whose placement could be shortened with flexible services and supports

What?

- Wrap-Around funds assist families with rent and utility bills, food, counseling, and other supports when no other funding source is available

How are we doing:

- In FY 1999, \$1.6 million was spent to support children and families

What's next?

- Continue funding support

Decategorization Funded Services

Why:

- To provide, on local level, nontraditional services to strengthen and promote child well-being and family stability and to prevent the need for more intensive/intrusive, deep-end services

Who:

- Children and families at risk with specific populations determined at the local level

What:

- Through collaborative processes with local stakeholders, non-categorical, nontraditional services are developed to meet local needs
- The services focus on prevention and early intervention (42% of the funds) and after care (10%), two key strategies in assisting children and families: the balance of funds support existing services
- Some specific services supported with the funds include newborn home visiting, delinquency prevention, school-based resource centers, neighborhood-based family resource centers, and community crisis child care

How are we doing:

- There are 39 decategorization projects across the state, encompassing 98 of the 99 counties
- 9% of FY 1999 budget invested in decategorization

What's next:

- Continue funding support

Permanency Planning

Why:

- To attain permanent, stable placements for children

Who:

- Focuses on children in out-of-home care

What:

- Building best practice through technical assistance, resources and training in reasonable efforts, family unity meetings, concurrent planning, kinship care, as well as case readings and consultation

How are we doing:

- 37% of all children leaving foster care in FY 1999 returned to the family home
- 24% reentered group care within 12 months after discharge
- Average length of time from first placement to termination of parental rights (TPR) was 561 days for children with TPR in FY 1999

What's next:

- Continue funding support

Subsidized Guardianship

Why:

- To provide permanency for older children for whom neither return to their family or adoption is possible

Who?

- Children age 14 and older who cannot return home, and do not want to be adopted
- It is anticipated that 200 children will be served by the end of FY 2000

What?

- Provides monthly maintenance and medical coverage for children until they reach age 18

How are we doing?

- No data as the program is just starting in FY 2000

What's next?

- Continue funding support

Adoption

Why:

- To find permanent, stable adoptive families for children whose parental rights have been terminated

Who:

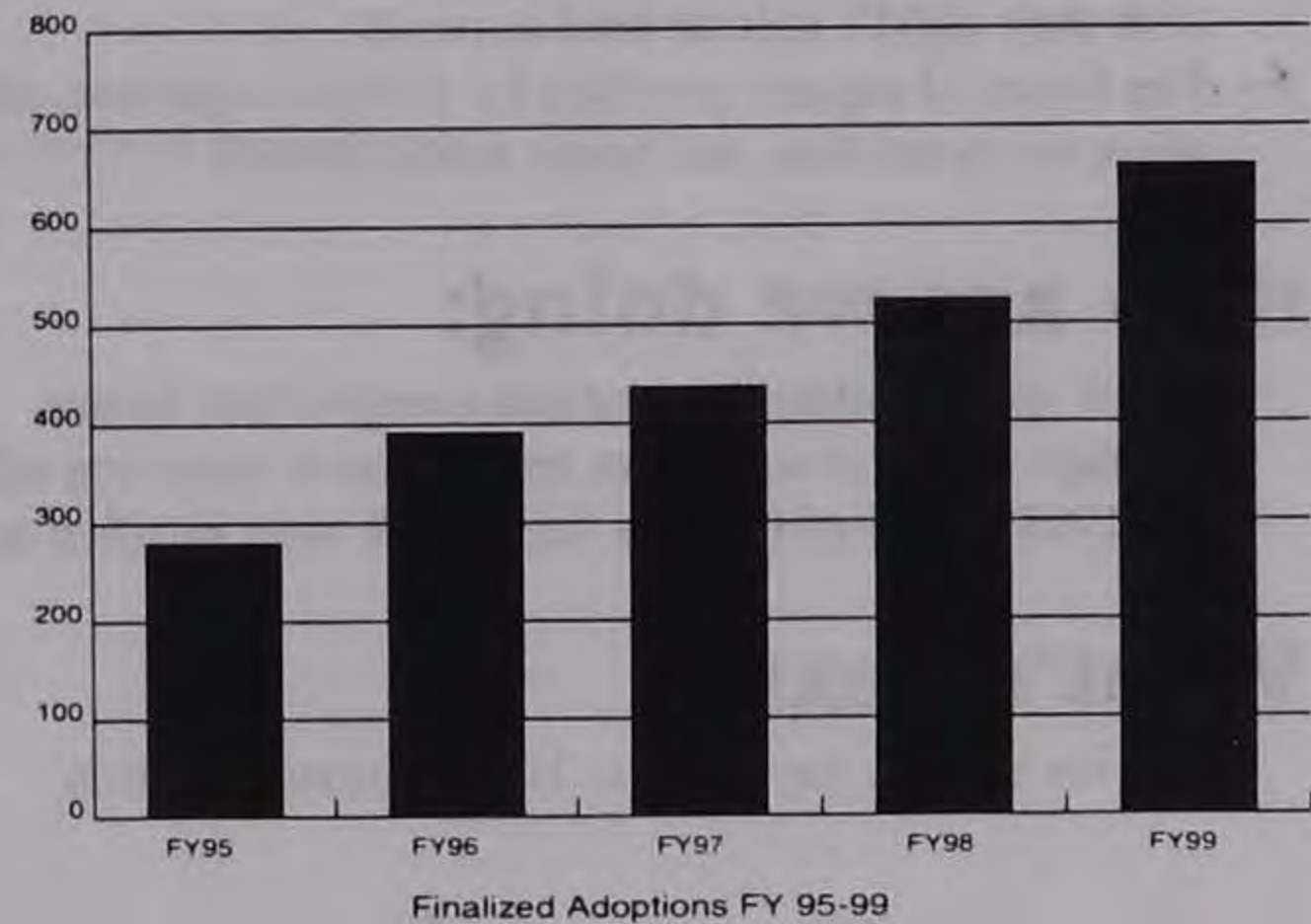
- Children needing adoptive families, under the guardianship of the State of Iowa
- Over 80% of the children have a diagnosed physical, mental, or emotional disability
- Over 50% are over the age of eight, making them hard to place

What:

- Recruitment, through KidSake project including photo-listings, a web page and partnerships with private providers across the state
- DHS and contracted private providers deliver adoption services focusing on preparing, matching, supporting, and supervising the placement of children in adoptive homes
- DHS also provides financial assistance, medical coverage, and special services to families who adopt children with special needs

How are we doing:

- In FY 1999, 683 adoptions for children with special needs were finalized
- In FY 1999, 3,344 children received adoption subsidy
- Average length of time from TPR to finalization is 414 days
- In FY 1999, 628 families approved for adoption
- In FY 1999, an average of 129 children were awaiting adoption at any point in time
- In FY 1999, five children were adopted for every child still waiting for adoption



What's next:

- Fund growth in adoption subsidy program
- Enhance the training of foster and adoptive parents to improve preparation and skills necessary to serve special needs children and helping these children achieve permanency
- Provide funding for post-adoptive services to prevent disruption

Family Support Subsidy

Why:

- To enable children with special needs to grow up in stable families as opposed to out-of-home placement

Who:

- 424 children under the age of 18 with developmental disabilities or special health care needs, remained in their homes through the subsidy program
- Family's net income must not exceed \$40,000 to qualify
- In FY 1999, there was a waiting list of approximately 265 with the last child added to the waiting list in November 1994
- 52% of the children were diagnosed with mental retardation, other major diagnoses include cerebral palsy and physical disabilities or disorders

What:

- Enrolled families receive a monthly subsidy check of \$333.34 (FY 2000) to defray some of the costs associated with their child's special need or needs
- The financial support provides for medical expenses, educational aides, adaptive equipment, respite care, recreation, transportation, and home modifications

How are we doing:

- 99.9% of the children served remained in their homes
- Average length of time from application to receiving subsidy is four years
- FY 1998 survey of families found 97% were satisfied or very satisfied with the program

What's next:

- Provide subsidy payments to 100 additional children

Children-At-Home

Why:

- To assist families in securing services and supports to allow children with developmental disabilities to remain in their homes

Who:

- Families with children who have developmental disabilities, under the age of 22, living in their home with income under \$60,000
- 381 children in 354 families are assisted by the program
- Currently a pilot in 11 counties, leaving 88 counties without the program available

What:

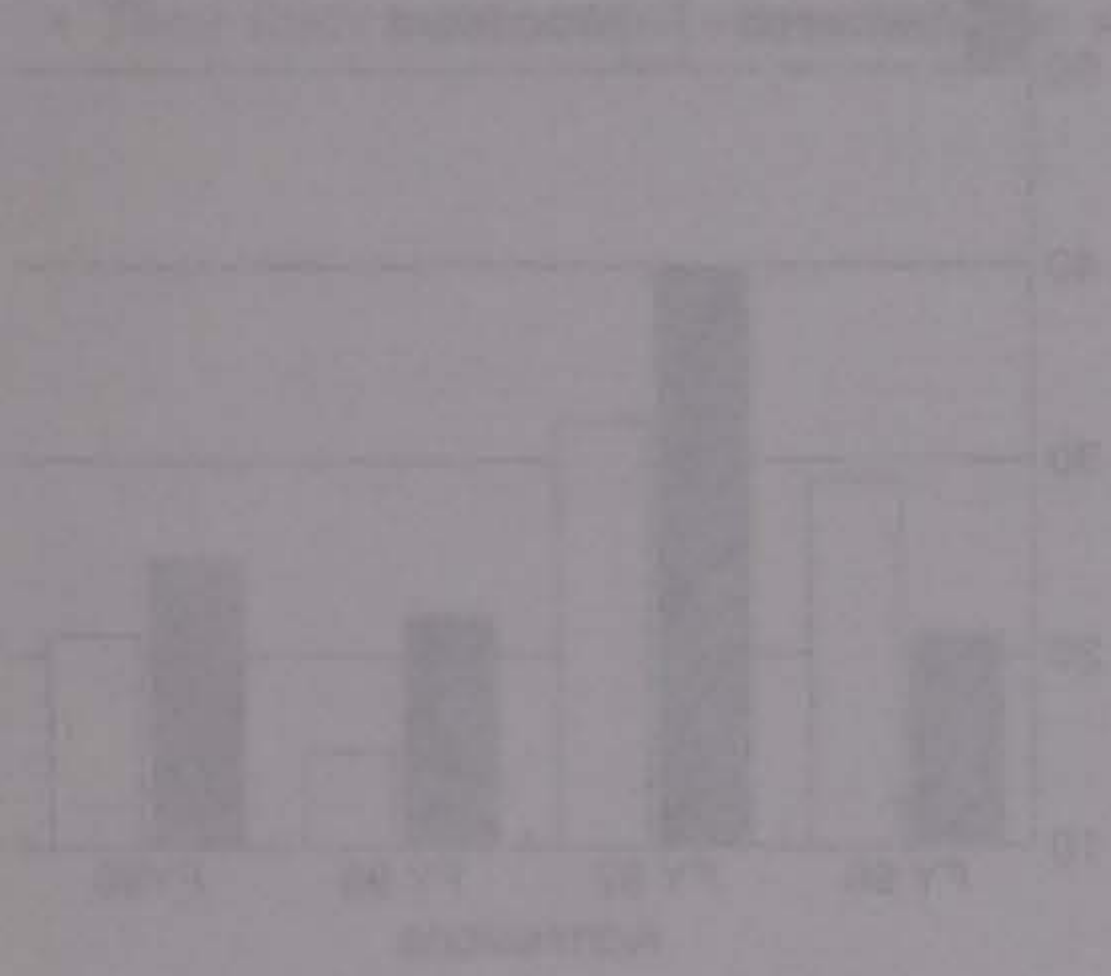
- Financial assistance is provided to assist with meeting the children's special needs
- Resource coordination is also provided

How are we doing:

- 99% of the children, with families receiving assistance, remained in the home

What's next:

- Continue funding support



State Hospital-Schools (SHSs)

Why:

- The State Hospital-Schools at Glenwood and Woodward provide diagnostic evaluation, treatment, training, care, habilitation and support to persons with mental retardation and serve as resource centers to communities

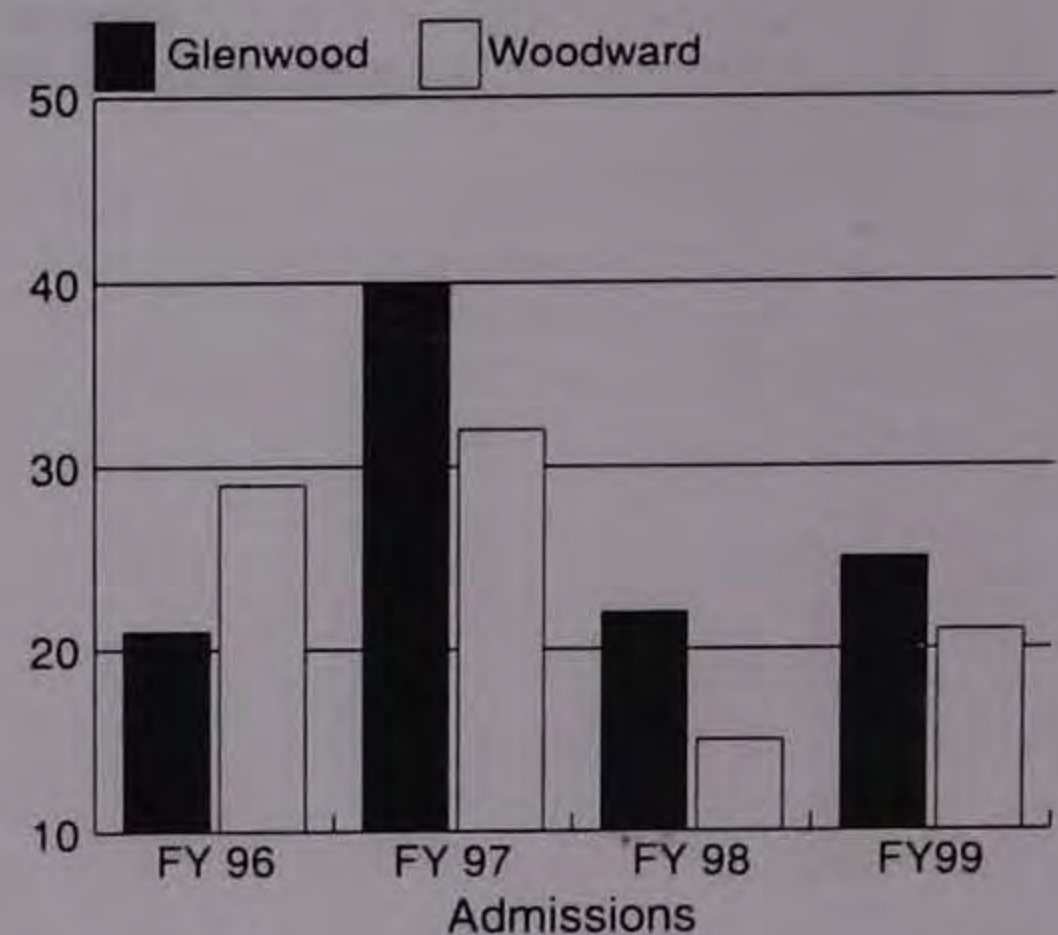
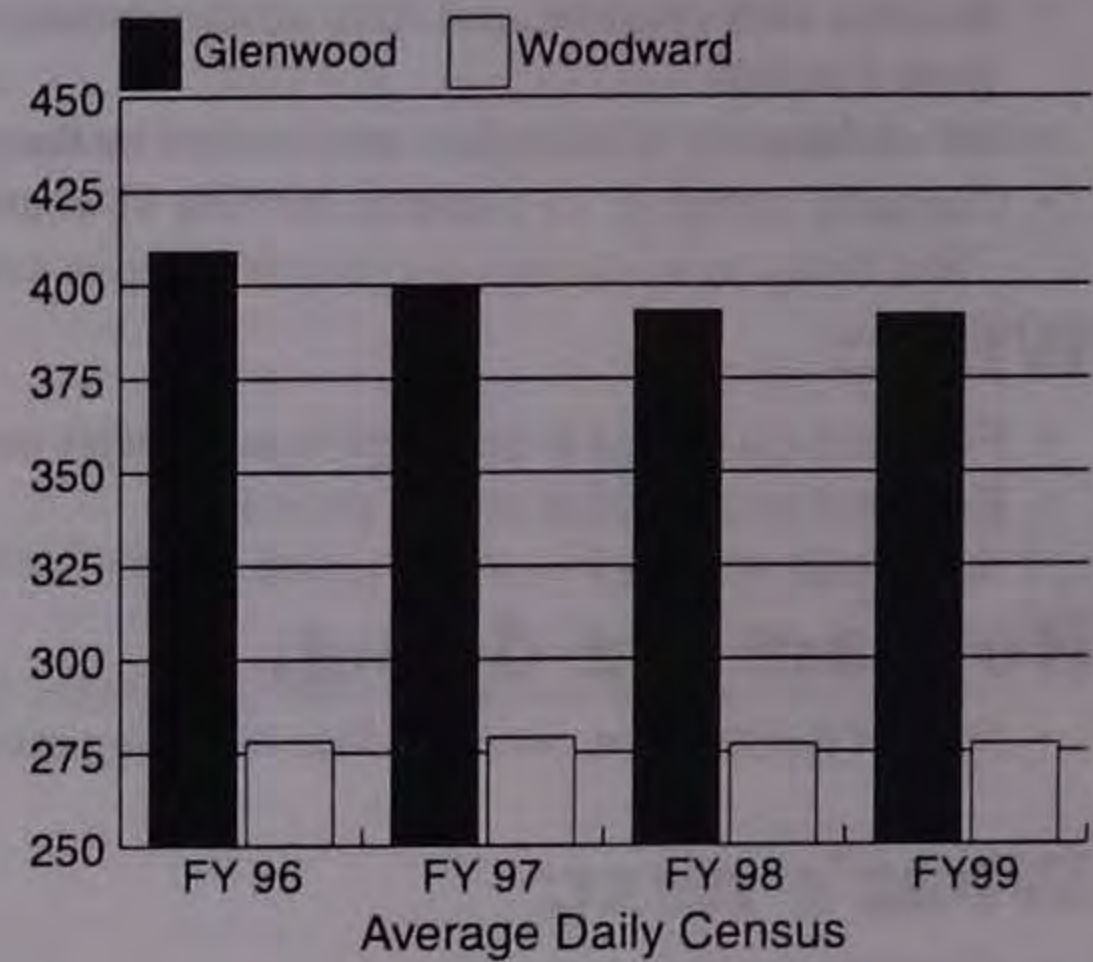
Who:

- In FY 1999 the two SHSs combined served the following number of people:

ICF/MR residential	710
Respite	75
Supported	
Community Living	32
Supported Employment	42
Community Outreach	247
Family-Centered Services	18
Time-Limited	
Assessment	33
Diagnostic Evaluation	68

What:

- The State Hospital-Schools provide:
 - ICF/MR residential services
 - Evaluation
 - Assistive Technology
 - Feeding and Swallowing
 - Family Support and Community Outreach
 - Consultation
 - Therapy and counseling
 - Psychosocial evaluation
 - Skill development
 - Supervision
 - Supported Community Living
 - Respite
 - Home and vehicle modification
 - Clinical Pastoral Education
 - Autism consultation and training
 - Adaptive Prosocial Performance Learning Environment and sexual abuse treatment evaluation
 - Services in support of related state, county and community services and programs



How are we doing:

- Combined average daily census (ADC): 669
- Total admissions: 46
- Total out-placements: 28
- Total ADC of children under age 18: 52
- Number of leases in effect: 13
- 97% percent of persons completing Time Limited Assessments returned to the community

What's next:

- To continue to provide existing programs at the current service level
- Expand partnerships with governmental and private agencies to further enhance campus utilization

Special Needs Grants

Why:

- To provide onetime costs necessary to maintain an individual with a disability in their own home

Who:

- Persons with a developmental disability
- 88 funded by DHS, 33 funded by combining DHS funds with those from the Variety Club, Iowa Cares or Push Iowa

What:

- Awards include such items as: ramps, communication devices, hearing aids, assistive computer software and bathroom modifications
- Up to \$800 per year per person for assistive devices, adaptations or modifications to the person's living or working environment or vehicle

How are we doing:

- 119 persons with a developmental disability were served
- Approximately 60 requests could not be funded

What's next:

- This program meets a niche need, but there generally are other resources available
- These funds could be used to benefit greater numbers of persons with disabilities if used in another manner

General Fund	Other
PROMISE 2025	Wellness Services Information Technology
Family Development and Self-Sufficiency	Child Support Information Technology
Division	Partners of Service of Justice
Wellness Resource Innovations	
Early Childhood Program (Department)	
Child Support Recovery	
Independent Living	
MR/DD Community Services	
Consumer Funding	
Personal Assistance	
Mental Health Support Services	
MR/DD State Care	
Property Tax Relief	
MR/DD Assisted Growth Project	
Relapse Services	

Self Sufficiency

- Possess resources necessary to achieve independence

Major Initiatives

- Expand PROMISE JOBS post-employment services
- Expand pre-FIP diversion

Programs and Services

General Fund

PROMISE JOBS
Family Development and Self Sufficiency
Diversion
Welfare Reform Evaluations
Early Childhood Program (Empowerment)
Child Support Recovery
Independent Living
MH/DD Community Services
Conner Funding
Personal Assistance
Mental Illness Special Services
MH/MR/DD State Cases
Property Tax Relief
MH/MR/DD Allowed Growth Factor
Refugee Services

Other

Welfare Reform Information Technology
Child Support Information Technology
Purchase of Service Increase

Department of Human Services
Results Matrix
FY01

Source of Funds

	General Fund Appr.	Food Stamps	Title IV-D	S.S. Block Grant	TANF	Title XIX	Title IV-B	CCDF	Other Federal	Other Receipts	Grand Total	Appropriation Key
Self Sufficiency												
Programs												
Promise Jobs	6,879,985				16,716,655			4,300,000			27,896,640	N01
FaDSS	2,434,367				3,263,458						5,697,825	N01
Diversion					3,200,000						3,200,000	N01
IDA's					200,000						200,000	N01
EBT	362,720				190,558					362,720	915,998	N01
FSET	250,000									197,500	447,500	N01
Child Support Recovery	7,749,529								33,463,232	2,854,538	44,067,299	M12
Independent Living	1,744,998						139,816		86,631	134,709	2,106,154	N71
MH/DD Community Services	19,560,000			10,697,674	2,341,089						32,598,763	N30
Conner Funding	46,000										46,000	N36
MH/MR/DD State Cases	15,800,000										15,800,000	N60
Field Operations											17,010,648	M10
General Administration											16,505,582	M01
Volunteers	125,892			101,739	26,162						253,793	N40
Refugee Services									3,949,229		3,949,229	
Food Stamp Coupons		110,287,867									110,287,867	
Total >>>	54,953,491	110,287,867		10,799,413	25,937,922		139,816	4,300,000	37,499,092	3,549,467	280,983,298	

NOTE: This matrix lists all programs, both federal and state, and all funding sources. You will not find corresponding narrative pages for all programs.

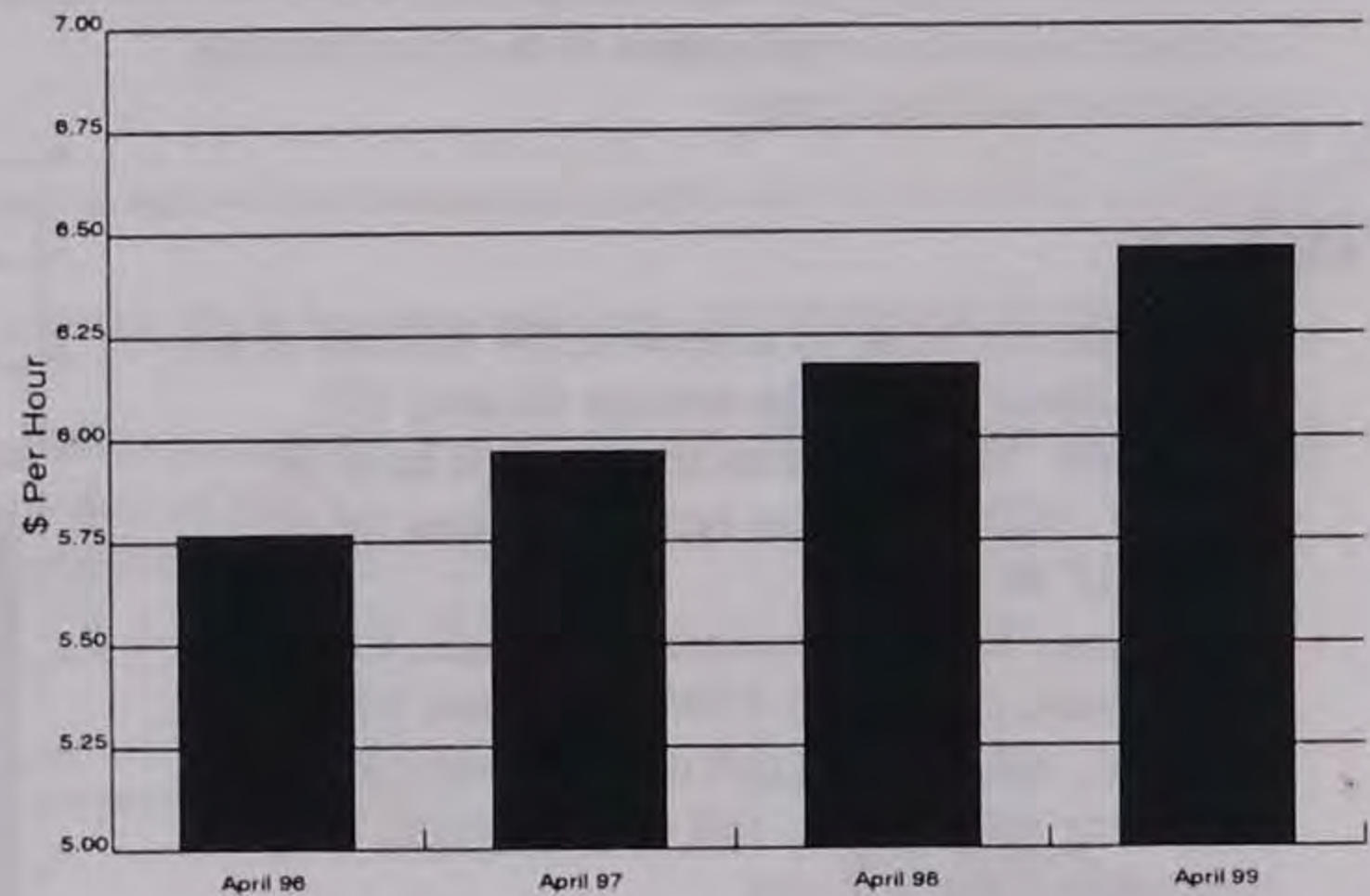
PROMISE JOBS Program

Why:

- PROMISE JOBS provides supportive services to Family Investment Program (FIP) families, so they are able to become self-supporting by building a skill base to obtain employment, retain employment, and increase their earnings over time

Who:

- PROMISE JOBS participation is required for all adults as a condition of receiving FIP cash grants, unless they are disabled. Adults with disabilities may request and receive services
- Around 90% of the 22,589 families on FIP cash assistance in an average month in FY 1999 were referred to PROMISE JOBS for services and completion of Family Investment Agreements
- PROMISE JOBS services are provided through a contract with the Iowa Department of Workforce Development



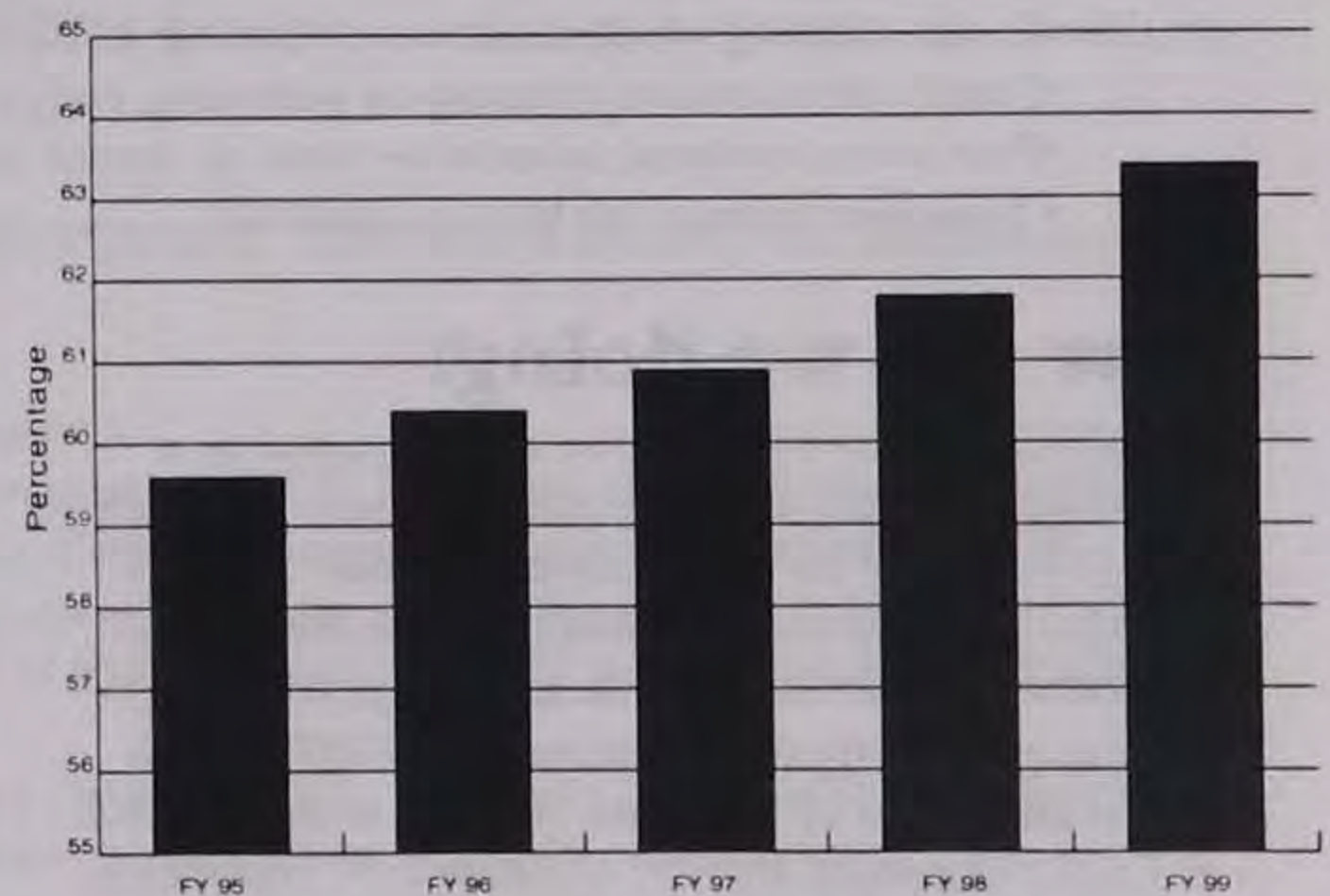
Average Wage Level for Those Leaving FIP with Earned Income

What:

- The program provides employment and training opportunities for FIP participants, so they can become self-supporting through employment
- Service components consist of assessment; supportive services such as family development, family planning counseling, mentoring, parenting classes, life skills training, and post-employment services; job club and job search; high school completion; English as a Secondary Language; postsecondary education; and both paid and unpaid work
- Costs of participation, such as child care and transportation needs, are paid for by the program

How are we doing:

- The number of families on FIP with no adult who is employed has decreased by nearly 14,000 families since FY 1993
- In FY 1999, program funding was sufficient to serve all eligible persons without waiting lists
- The number of families receiving FIP cash assistance has decreased by 38% since FY 1993 when major welfare reform efforts began
- The total amount of FIP cash assistance paid out has decreased by 46% since FY 1993



Percentage of Families Not Returning to FIP for at Least One Year

What's next:

- Expand post-employment services

Family Development and Self-Sufficiency (FaDSS)

Why:

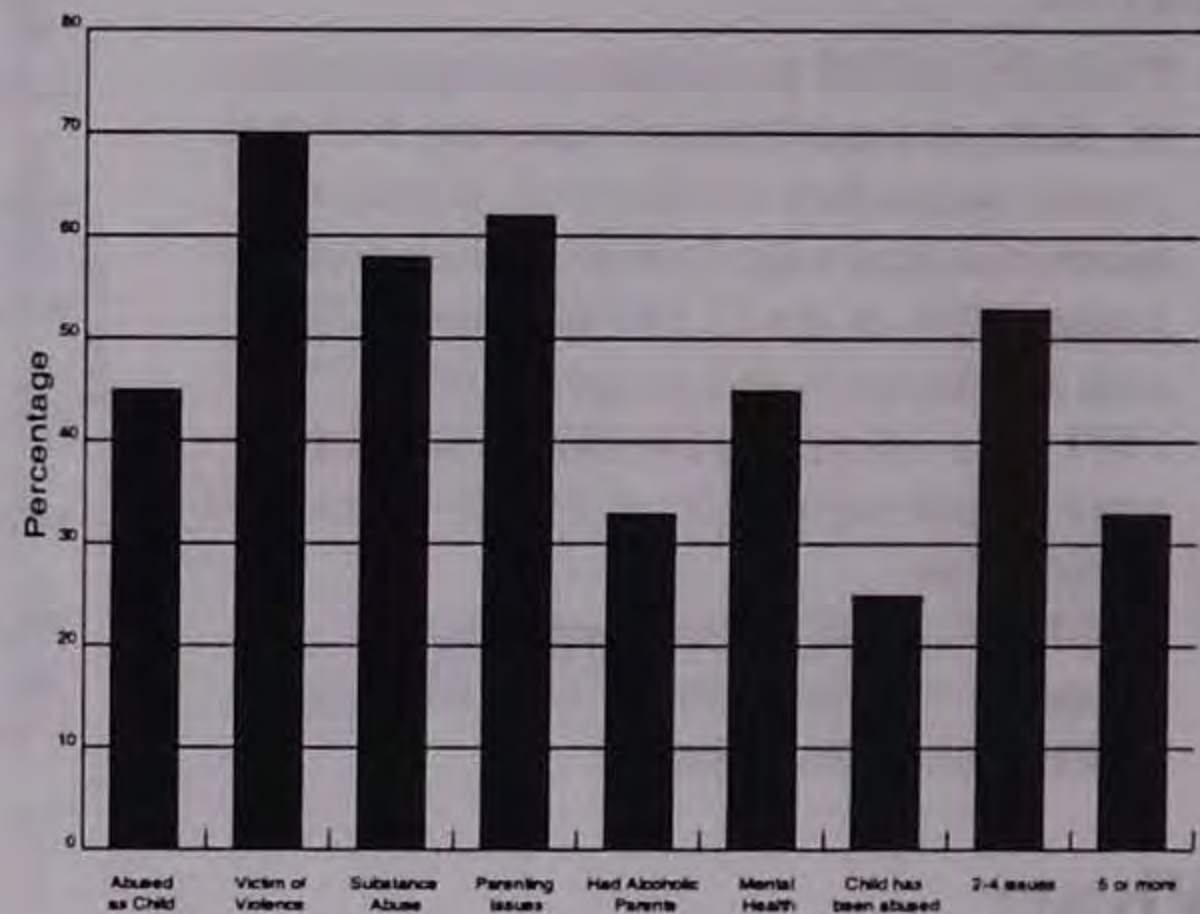
- The FaDSS program provides intense supportive services from community-based grantees to FIP families with multiple barriers to employment so that they are able to become self-supporting

Who:

- FaDSS has the capacity to serve 2,284 families at any time, or about 10% of the average monthly FIP population. These services are available in all 99 counties. FaDSS families receive services for an average of 18 months
- The average FaDSS participant is a single, Caucasian, female, PROMISE JOBS participant who is 28 years old, and who is at risk of not becoming self-supporting with a higher risk of returning to FIP without intensive services

What:

- FaDSS provides strength-based family development services in collaboration with the families served, PROMISE JOBS, DHS, and other local community entities, first stabilizing the family and then support towards self-sufficiency
- Service components include:
 - Frequent in-home services
 - Networking with peer support groups, newsletters, mentoring
 - Career training which builds on PROMISE JOBS services
 - Family development focusing on parenting, budgeting, and life skills
 - Provision or referral to social services as needed for the adult or children
 - Transition services for 90 days post-FIP



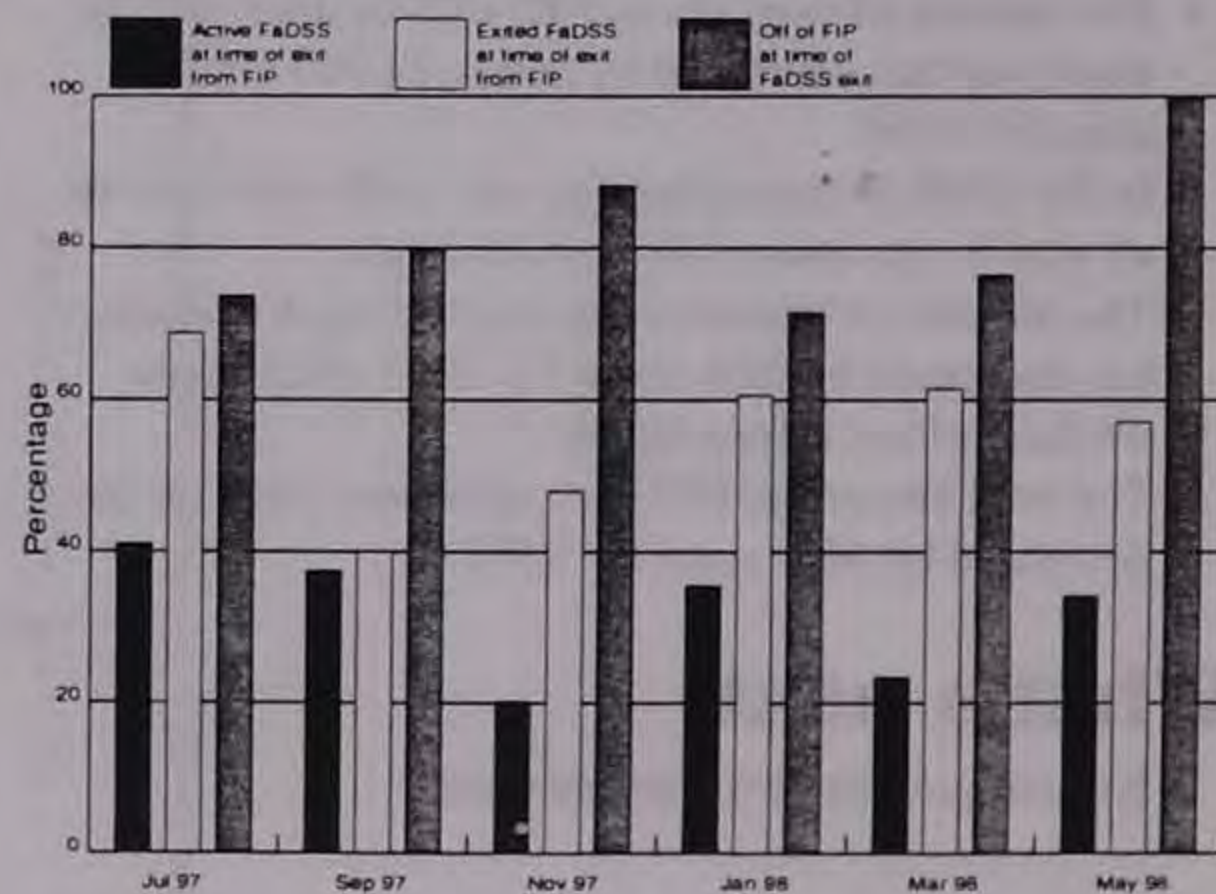
FaDSS Barriers

How are we doing:

- FaDSS is a true collaborative effort, guided by a Council with private and public members, oversight is provided by the Department of Human Services, and is operated under contract through the Department of Human Rights with services provided by local community organizations. PROMISE JOBS and DHS local offices make referrals to the program
- FaDSS expanded from 35 counties to 97 counties in 1999 and provided services to 2,382 families

What's next:

- FaDSS family development specialists will provide methamphetamine awareness training to all families served



FaDSS recidivism by status when leaving FIP

Diversion

Why:

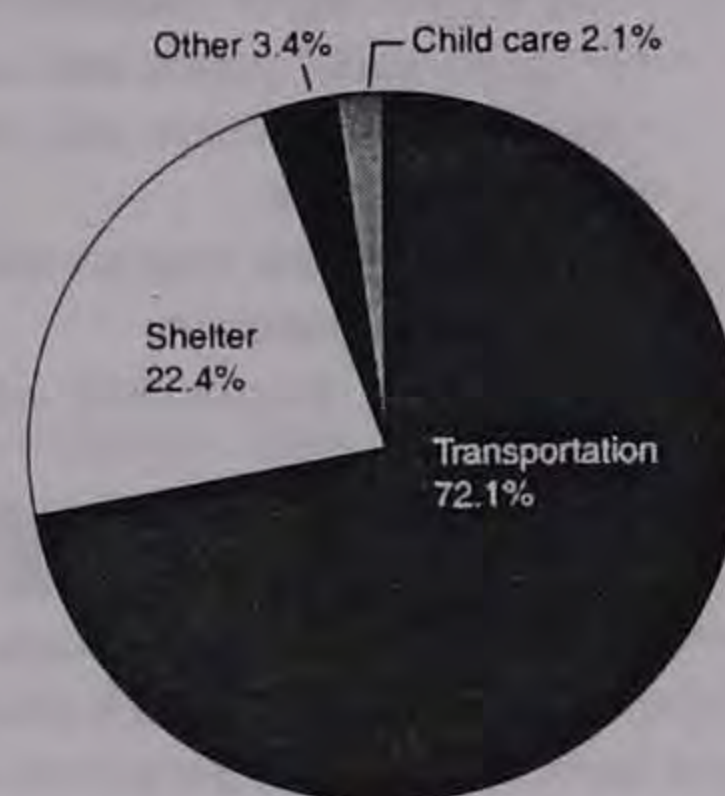
- Diversion eliminates or reduces reliance on FIP for needy families with barriers to employment by providing immediate, short-term assistance instead of FIP, or by meeting needs of FIP participants not currently being met by existing PROMISE JOBS services

Who:

- Persons who are eligible for FIP, but choose instead to receive targeted employment-related assistance to avoid FIP usage (Pre-FIP Diversion)
- Persons who require special short-term assistance to help them become employed and shorten their time on FIP (Family Self-Sufficiency Grants – FSSG)
- Communities that receive seed funds to study or address community barriers to self-sufficiency for all PROMISE JOBS participants (Community Self-Sufficiency Grants – CSSG)
- Participants leaving FIP through employment (Post-FIP Diversion)

What:

- Local communities administer Diversion. Diversion project field staff:
 - Determine family and individual needs
 - Design, maintain and explain Diversion programs and services
 - Determine Diversion eligibility and payment amounts
 - Provide information, support and encouragement to families and individuals
 - Make appropriate referrals to state and local programs
 - Collect and record data needed for eligibility and benefit determination, program management and federal reporting
 - Educate local community organizations about the department's programs and services
 - Collaborate and cooperate in community efforts to support families and children in the goal area of self-sufficiency



Participant Diversion Expenditures

How are we doing:

- Pre-FIP Diversion is available in nine projects covering 16 counties. The projects received 625 applications in FY 1999, approving 212 of them
 - The average Diversion payment was \$1,359.00
 - 46% of these payments were for transportation barriers
 - 94% of the families receiving Pre-FIP Diversion remained off FIP 12 months after their period of ineligibility
- Participant Diversion or Family Self-Sufficiency Grants (FSSG), are available statewide. During FY 1999, PROMISE JOBS made 2,656 payments for an average amount of \$343. The FSSG grants were generally used to overcome a transportation barrier. An average of 41% of FSSG recipients left FIP within 6 months of receiving assistance
- Two projects administered Community Self-Sufficiency Grants (CSSG): Woodbury County, and the Appanoose Cluster. Woodbury focused on transportation and Appanoose focused on nontraditional childcare
- Piloting of Post-FIP services will begin in FY 2000 and will be available to families who left FIP due to employment who may be at risk of coming back to FIP. Post-FIP services will address employment-related issues

What's next:

- Expansion of Pre-FIP Diversion to additional areas of the state

Welfare Reform Evaluations

Why:

- Evaluations provide information to policy makers to use when revising and developing policy, insight on the effect programs have on families and children (e.g., coping skills, child and family well-being, family structure and support networks) and the opportunity to measure a program's effectiveness
- Information received from evaluations can help policy makers develop and redesign programs that result in self-sufficient and stable families

Who:

- Welfare reform evaluations examine the effects of DHS programs on individuals and families

What:

- DHS is conducting several evaluations that will provide data and information about the impact of welfare reform on:
 - Children and families
 - The well-being of children, parents, and the family unit, resulting from the FIP parents' employment
 - Program participation and benefits
 - Employment, income, and participation in training
 - Family structure
 - How participants interact with FIP and PROMISE JOBS
 - Family circumstances
 - Participants' experiences with and perceptions of FIP

How are we doing:

- Iowa has one of the most rigorous, comprehensive evaluations in the nation
- Information provided by each study has been used by the department and policy makers to design new programs and services or modify programs and services

What's next:

- Continue to conduct evaluations to learn about the well-being and status of the individuals receiving departmental services

Early Childhood Program (Empowerment)

Why:

- To increase quality child care capacity in order to support parent(s) as they obtain or retain employment

Who:

- Designated community empowerment areas may access these funds on behalf of the low-income families with children birth to five years of age in their area

What:

- The focus is to ensure secure and nurturing child care environments

How are we doing:

- Funding is distributed on a formula basis calculated on the percentage of empowerment area's average Family Investment Program caseload in the prior fiscal year
- Empowerment areas develop plans for the birth to five population: the Early Childhood funding is used to support that plan specifically in the area of child care
- Possible options for this funding may include:
 - Developing or increasing infant care
 - Sick child care
 - Night shift child care
 - Emergency child care
 - Or to increase the quality of existing child care by enhancing the skills of the providers
- Technical assistance is also provided to community empowerment areas to assist in the development and implementation of the plans

What's next:

- Continued financial and technical assistance support to local community empowerment areas is recommended to enable the empowerment areas to make an impact on their defined results

Child Support Recovery

Why:

- Help parents with their responsibilities for financially supporting their children
- Help taxpayers reduce the cost of supporting families through public assistance

Who:

- 300,000 children in 157,500 families
- All taxpayers, because parents are responsible for their children, not the government

What:

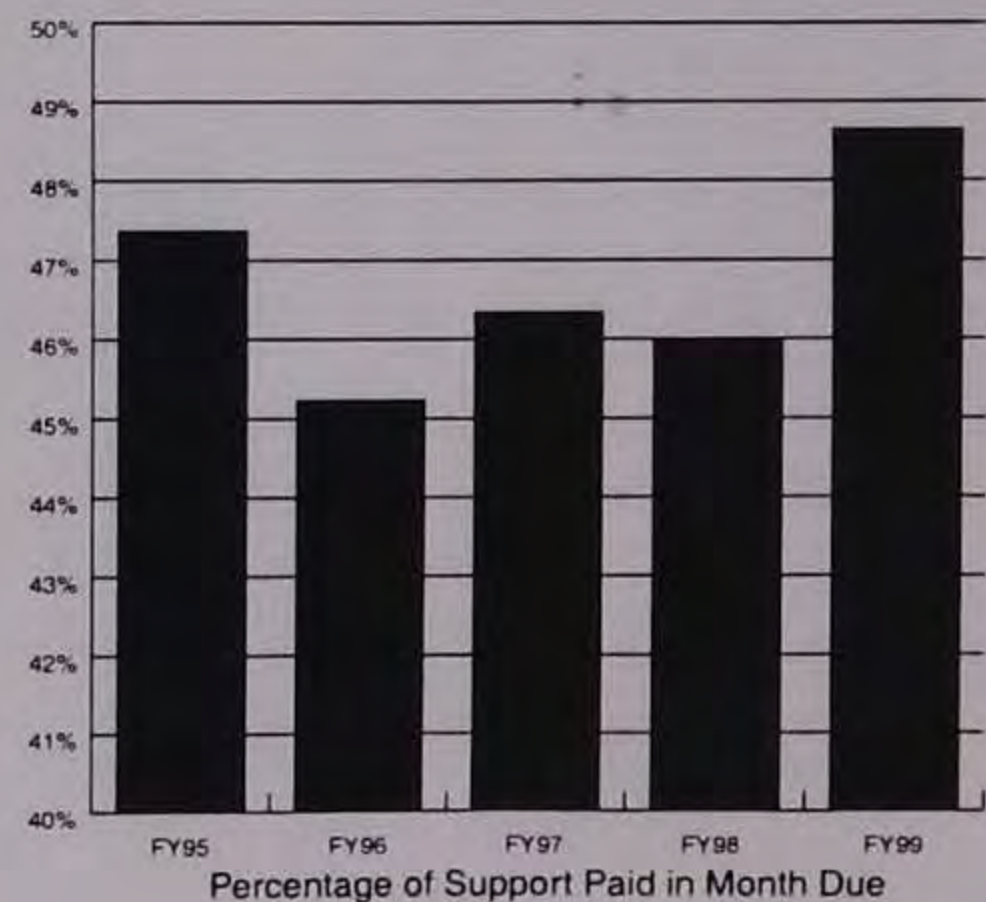
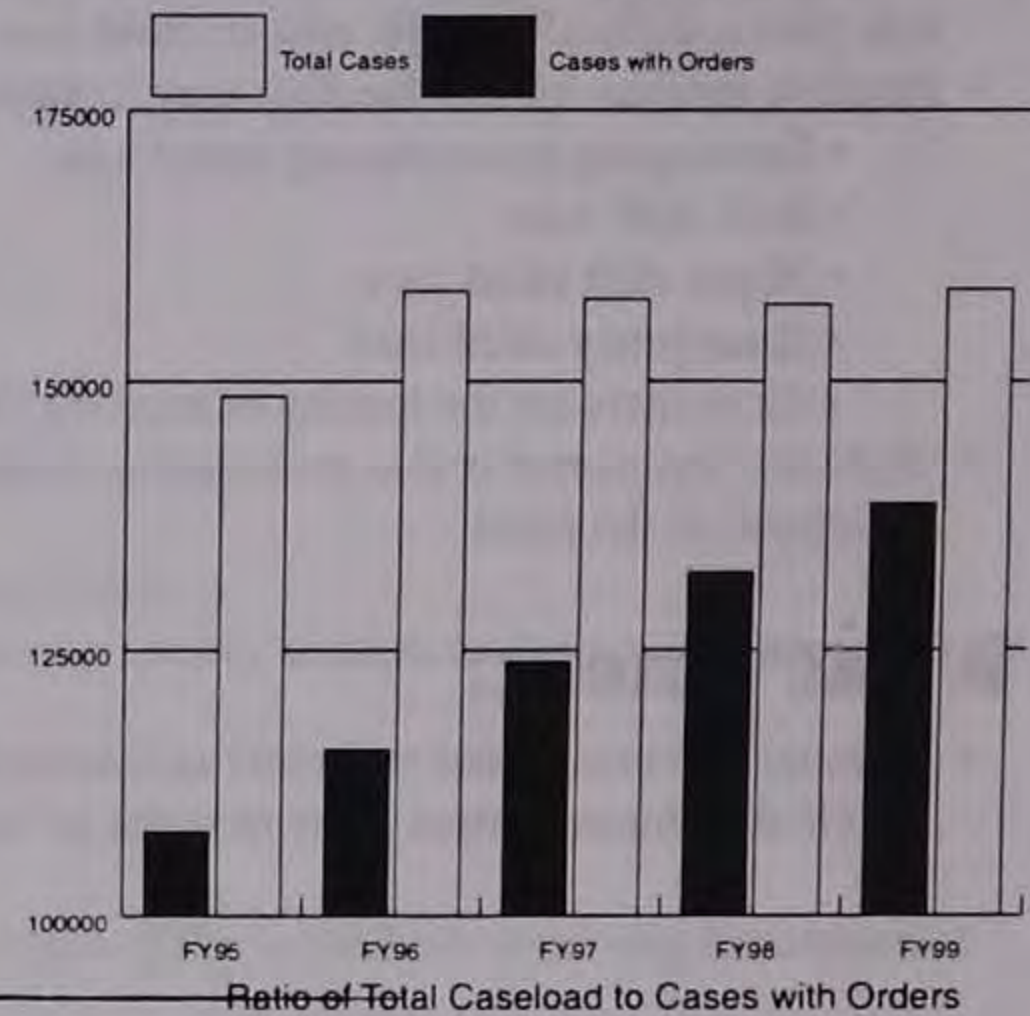
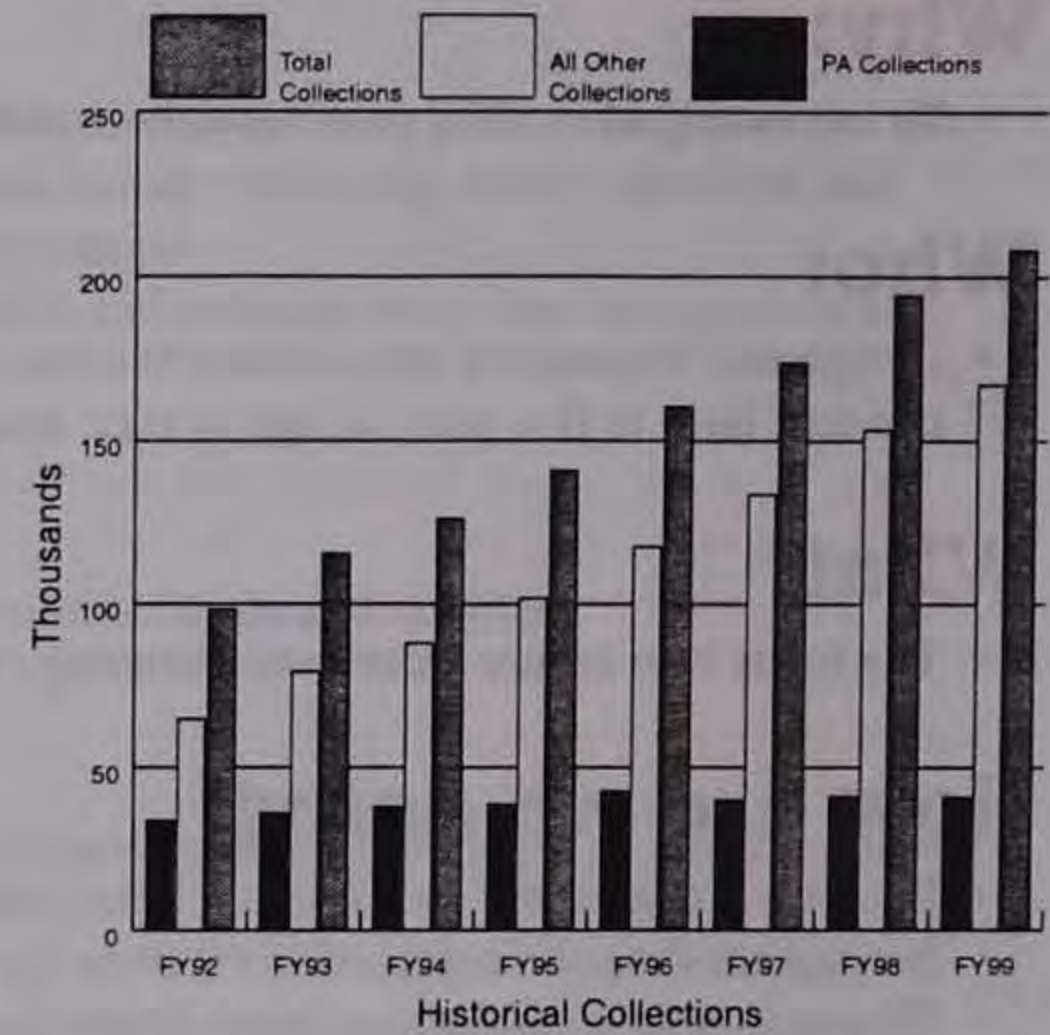
- Establish paternity for children
- Establish, secure, and modify court ordered support for children
- Establish and secure medical support for children
- Receive and distribute child support payments

How are we doing:

- Secured \$158.6 million in support for families that helped them avoid use of public assistance
- Secured \$43.2 million in support to offset public assistance costs
- Established paternity for 78.89% of the children born out of wedlock
- Established support orders for 87.4% of cases
- Secured 48.65% of support in the month it was owed
- Helped 86.45% of customers in their first telephone contact with the customer service unit

What's next:

- Enhancements to automate liens on vehicle registrations, improve collection processes, and speed up the availability of paternity and new hire information to staff



Independent Living/Transitional Planning for Teens

Why:

- To assist youth in foster care to make a successful transition to achieve self-sufficiency as an adult

Who:

- 523 youth in foster care are 16 to 19 years old

What:

- Complete assessments to determine needs for self-sufficiency
- Services include counseling, life, parenting, and leisure skills training, educational tutoring, vocational and community involvement services monitoring, and evaluating of youth's progress toward independence
- Supervise youth in semi-independent living arrangements

How are we doing:

- 65% of youth graduated from high school or received their GED
- 58% youth were working

What's next:

- Implement and support the results from community focus groups to increase the capacity of independent living and transitional services to help youth complete high school or GED and secure job skills

MH/DD Community Services Fund

Why:

- This appropriation formerly was allocated to counties to purchase specific types of community-based services for MH/DD consumers. Since FY 1969, the appropriation can be used by counties to support the purchase of any services for MH/DD consumers allowed under the approved county management plan

Who:

- MH/DD consumers via pass through of funding to counties

What:

- Allocating and distributing funding to county government pursuant a formula (50% based upon the county's proportion of the state's population of persons with an annual income which is equal to or less than the poverty guideline established by the federal office of management and budget. 50% based upon the county's proportion of the state's general population.)

How are we doing:

- Counties with approved management plans receive the funds

What's next:

- Explore funding formula options to address service needs in local communities through realignment of the MH/DD system and funding sources

Iowa Training Consortium (Conner Decree)

Why:

- To encourage community capacity to provide services and supports to Iowans with disabilities

Who:

- The Iowa Training Consortium is a resource for training information, materials and funding for communities to build expertise in inclusive community supports

What:

- The Conner Consent Decree required the formation of the Training Consortium
- It is facilitated and staffed by the University Affiliated Program at the University of Iowa
- Activities include: identifying and coordinating existing training and providing mini-grants to communities

How are we doing:

- Provides an internet website—<http://www.DisabilityTraining.org>
- Additional material to the Disability Resource Library
- For FY 1999, 8 mini-grants were funded (approximately \$9,000)

What's next:

- The website is an excellent resource and needs to be maintained and promoted
- Consideration should be given to using these funds for training related to the development of programs more closely related to assisting those leaving state institutions or those at risk of placement in the state institutions

Personal Assistance Services

Why:

- To assist persons with disabilities to live and work in their home communities

Who:

- 3,600 people were identified statewide as possibly being able to use this program
- In FY 1999 a total of 65 people accessed the program. As of June 1999, there were 47 active participants
- 54% of the participants earned under \$10,000 a year
- Prior to receiving PAS payments, 29% of the people responding to the FY 1999 survey indicated that they were probably or definitely considering moving into a residential program such as a nursing home. An additional 25% indicated that they were somewhat considering. After receiving PAS payments, none of the respondents indicated they were somewhat, probably or definitely considering moving

What:

- Provides a monthly check to participants to hire a personal attendant
- Currently offered as a pilot project in three counties: Clinton, Muscatine and Scott

How are we doing:

- Average monthly payment for FY 1999: \$588.78
- High program satisfaction
- Three pilot counties since 1995

What's next:

- Phase out program in favor of a comprehensive, statewide approach to providing personal attendant services that leverages federal dollars
- Develop a transition program for current participants

Mental Illness Special Services Fund

Why:

- To promote the development of affordable housing for homeless persons with mental illness

Who:

- Adults with mental illness who are homeless or at risk of being homeless. Since 1991, 544 people have lived in the housing developed by this program
- Primarily ages 18 - 45 years have used this program, slightly more males than females
- Most often, persons with mood disorders or schizophrenia have used this program — persons with serious and persistent mental illnesses are prioritized
- 36% formerly in licensed facilities; about another 35% split among hospitals (including MHIs), emergency shelter or transitional housing, shared housing or evicted

What:

- The program provides rental and security deposit assistance, renovation, and acquisition activities to develop permanent and affordable housing

How are we doing:

- Using an annual Request For Proposal grant process, funds are distributed to successful applicants
- Eligible applicants include local governments, private nonprofit agencies, and public housing authorities

What's next:

- Pursue legislative authority to carry funds over into future FYs without forfeiture to the general fund — some housing projects take longer than one year to complete
- Explore using the funds with existing homeless programs, to augment other McKinney funds in Iowa (i.e., PATH, Projects for Assistance in Transition from Homelessness) — without additional funds, this would eliminate the lengthy RFP and review process
- With increased appropriations, DHS could provide matching funds to local applicants seeking federal McKinney dollars stimulating more interest statewide to seek larger grants

MH/MR/DD State Cases

Why:

- To fund services for people without legal settlement

Who:

- 1,349 individuals with mental illness, mental retardation or other developmental disability

What:

- Provide a case rate payment to a company for the management of services for persons with mental illness who do not have legal settlement
- Provide payment directly to service providers for the provision of services for persons with mental retardation or other developmental disability who do not have legal settlement

How are we doing:

- People without legal settlement receive services according to the approved county management plan of the county of residence

What's next:

- Legal settlement and the county system create inconsistencies in the services available to persons with disabilities depending on the contents of the county plan
- Persons who do not have legal settlement face the same inconsistencies in service availability from county to county
- The ultimate answer is to eliminate legal settlement as the basis of funding for services. Until that occurs, the state payment program and its inherent inconsistencies will continue

Property Tax Relief

Why:

- Maintains a level of state funding of county-managed MH/DD services and reduce the amount of property taxes counties need to collect to fund these services. Currently the appropriation goes to counties to support the purchase of services for MH/DD consumers allowed under the approved county management plan

Who:

- MH/DD consumers via pass through of funding to counties

What:

- Allocating and distributing funding to county government pursuant to a formula (1/3 population, 1/3 valuation, 1/3 base year expenditures). There is a provision that no county can receive less than it received the prior year. So, no changes have been made in the allocation since the appropriation leveled off at \$95 million

How are we doing:

- Counties with approved management plans receive the money

What's next:

- Explore options to address service needs in local communities through realignment of the MH/DD system and funding sources

MH/MR/DD Allowed Growth Factor Adjustment

Why:

- Increase state funding of county-managed MH/DD services and fund growth in that system because county property tax levies to fund these services are capped. Currently the appropriation goes to counties to support the purchase of services for MH/DD consumers under an approved county management plan

Who:

- MH/DD consumers via pass through of funding to counties

What:

- Growth funding actually consists of four categories: Allowed Growth, Incentive and Efficiency Pool, Per Capita Expenditure Target Pool, and Risk Pool. The first three are distributed to counties that qualify according to the rules for each pool. The Risk Pool is available to counties that encounter unanticipated service needs

How are we doing:

- Counties with approved management plans meeting the specific requirements for each pool will receive the money

What's next:

- Allowed Growth: Explore options to address service needs in local communities through realignment of the MH/DD system and funding sources
- Incentive and Efficiency Pool: The State County Management Committee is in the process of refining the rules which govern the use of these funds
- Per Capita Expenditure Target Pool: The 75th Percentile of all counties' FY 1997/98 expenditures was established as the target amount.
- Risk Pool: The risk pool board has not been appointed, nor have rules been adopted regarding the application for these funds. Counties that experience unanticipated service needs for which they have no resources must apply by April 1, 2000

Refugee Services

Why:

- Refugees are individuals who are offered the opportunity to resettle in the U.S. because of fear of persecution in their native land.
- Iowa is the only state authorized by the United States Department of State to resettle refugees. All states, via funds from federal Department of Health and Human Services, provide services to refugees beginning 90 days after the date of arrival

Who:

- Resettled 591 people during the last federal fiscal year and have resettled an additional 485 people through July of this year. These individuals were resettled from Bosnia, Vietnam and Kosovo
- Previous arrivals resettled by the bureau or other organizations are served up to three years after resettlement

What:

- Prepare for refugees by securing and supporting the sponsor who arranges for housing and basic furniture and clothing and food.
- At resettlement, health care is an immediate priority as is early employment, orientation and school enrollment for children
- After the initial resettlement phase, service is directed to helping the refugee family become self sufficient and self reliant. This means helping the family find a job, or understanding the money and educational systems, finding English as a Second Language classes or other educational opportunities or accessing mainstream services

How are we doing:

- U.S. Department of State consistently ranks the Iowa refugee program as a top performer. The most current evaluation gave the program a score of 95%
- The performance results for federal fiscal year 1998 for the bureau were:
 - Job placements: 1,014
 - Welfare ends as result of work: 538
 - Average hourly wage of placements: \$6.76
 - Persons who retained jobs for 90 days: 818
 - Jobs with health benefits: 659
 - Cost per placement: \$531

What's next:

- Developing medical translation resources in Iowa
- Helping families keep children in school and away from at-risk activities
- Developing language and culturally appropriate mental health services for clients suffering from post traumatic stress

Support

How Do they Do That?

- In order to contribute to the desired results for the varied customers DHS serves, critical functions must be performed by staff in our central office and in the field. The results we seek for our customers can only be accomplished by providing support through state and federal policy interpretation, fiscal management, information technology services and ongoing training for all staff

Safety:

- Child Abuse registry services
- Record Check evaluations
- Protective Service assessments
- Quality assurance and technical assistance to providers
- Maintenance and improvement of our institutional environments

Stability:

- Child welfare payments to clients and providers
- Child support established for children
- Assessment of needs for children and families
- ~~Delivery and coordination of services to assure permanency for children who are unable to live in their own homes~~
- Disaster relief efforts

Healthy:

- Eligibility for HAWK-I and Medicaid
- Payment for health services needed by families
- Targeted case management
- Technical assistance and policy interpretation for county-based services and programs

Self-Sufficiency:

- Eligibility for FIP, Food Stamps, Diversion
- Participate with communities in local planning and development of services based on local need
- Timely payment to clients receiving FIP, Food Stamps, and child support
- Direct services to families to move them off welfare (PJ, FaDSS)

Field Operations and General Administration support each of the results by working to ensure that all staff receives the support and answers to questions they need to provide quality services to our customers.

Field Operations

Why:

- Field staff are located in each county to provide local access to DHS services
- Field staff are the department's direct connection to local communities, understanding their needs and helping to coordinate the department's services with those of other community groups and agencies
- Field staff complete eligibility determination so that we remain in compliance with federal and state regulations

Who:

- Some of the children we serve are not safe living at home
- Many of the families we serve have difficulty providing safe, stable, and healthy environments for their children
- Some of the adults we serve are not safe in their current environment

What:

- Field staff determine initial and ongoing eligibility for the Family Investment Program (FIP), Emergency Assistance Program, Diversion Programs, Food Stamp program and Medicaid programs so families gain stability, health, and improved opportunity to become self-sufficient
- Field staff conduct assessments to determine whether children and dependent adults have been abused or are at risk of abuse
- Field staff assess the need for services, develop a plan for the delivery of services, and monitor the delivery of services to meet the needs of the family
- Field staff participate in local planning related to identification of service needs and development of services to address those needs

How are we doing:

- In FY 1999, 480 field staff provided child welfare services to over 21,000 children to help them remain safe or become stable
- In FY 1999, 182 field staff conducted 21,000 child abuse assessments to assure that children are safe
- In FY 1999, 629 field staff determined initial and ongoing eligibility for financial assistance programs for over 280,000 families and individuals so that families had the health care they needed and had an opportunity to establish increased stability and self-sufficiency
 - \$88 million in Family Investment Program (FIP) benefits
 - \$104 million in Food Stamps
 - \$1.2 billion in Medicaid

General Administration

Why:

- General Administration provides leadership in the management and support of the delivery of quality services to Iowa citizens so they can be safe, healthy, stable, and self-sufficient. DHS maximizes available resources and continually improves its processes to achieve these results

Who:

- Utilizing just 2% of the total DHS budget, General Administration provides the foundation and administrative infrastructure for the management and delivery of quality human services. General Administration includes:

Administrative Divisions:

- Data Management
- Fiscal Management
- Organizational Development and Support
- Support Services

Programmatic and Service Units:

- Economic Assistance
- Medical Services
- Adult Children and Family Services
- Mental Health and Developmental Disabilities
- Child Support, Case Management and Refugee Services
- Office of Field Support

What:

- General Administration provides support to 5600 internal customers and over 7000 external customers through:

Program Management:

- Program development, technical assistance and oversight
- Administrative rules and policy manual development
- Policy liaison to federal and state agencies

Fiscal Management:

- Budgeting
- Accounting and audits
- Claims processing
- Analysis of budgetary impact
- Budget liaison to federal and state agencies

Support Services:

- Fixed assets inventory control
- Records management
- Quality control review of Food Stamps and Medicaid
- Printing
- Supplies
- Manual distribution

Corporate Management and Leadership:

- Staff support for councils, commissions and advisory groups
- Performance management
- Legal representation
- Organizational and staff development

Data Management

- Research and statistical analysis
- Information technology customer support
- System maintenance and enhancements
- Enterprise network services
- Institutions and Corrections technology services

How are we doing:

General Administration accomplishes the following in a typical year:

Program Management

- Administrative rules and manuals developed to comply with changing federal and state requirements
- 5,749 names added to the child abuse registry
- 496 abuse registry expungement requests
- 3,761 record check evaluations (nursing homes)
- 17,485 abuse registry checks
- 1,044 adoption searches
- 1,175 interstate referrals
- 1,686 federal reports

Fiscal Management

- 26 state appropriation budgets developed, entered, accounted for, analyzed and managed as a part of the department's \$2.4 billion budget
- Technical assistance and oversight are provided to 1,312 contractors that either directly provide or support the delivery of services for DHS customers
- 45,000 claims for reimbursement and services are processed for accurate and timely payment
- Over \$220 million child support is collected and dispersed to support and care for Iowa's children

Support Services

- 58 Area Agencies on Aging commodity food storage locations supplied
- 2.7 million pounds of food distributed to 8 food banks
- 5-year capital plan developed and managed

Organizational Development and Support

- Provided \$5 million in disaster relief assistance
- Volunteer services provided to 10,766 total clients served
- Provided training to over 5,500 DHS employees through core, non-core and ODS sponsored initiatives
- Developed a "Grow Your Own" program for COBOL programmers to assist in "hard to fill" positions
- Facilitated competency modeling for selected employees to enhance performance management, selection, recruitment and individual development planning

Data Management

- Processes over 7,200,000 checks to clients and vendors which total approximately \$520 million in payments
- Enhances and supports over 50 information system applications
- Provides over 150,000 hours of management information system changes
- Manages year 2000 date conversions to 185 applications with approximately 5.1 million lines of code
- Supports a computer wide area network with 5,000 users and 180 servers

What's Next:

- Identification of needed staff competencies to help families meet their needs related to safety, stability, health, and self-sufficiency
- Development and delivery of training targeted to developing needed staff competencies to improve the quality of DHS service delivery
- Increased internal capacity and technical skills needed to facilitate process improvement efforts in order to continue those efforts
- Continued coordination and collaboration at the community level

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IOWA DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2001

Council on Human Services' Recommendation

State Dollars Only

	FY 2000 Appropriation (As Adjusted)	FTEs	FY 2001 Recommendation	FTEs	% of FY00
Family Investment Program/JOBS	\$35,080,000	11.00	\$36,437,088	11.00	103.9%
Emergency Assistance	10,000	0.00	10,000	0.00	100.0%
Child Support Recovery Unit	6,856,738	243.22	7,749,529	243.22	113.0%
ECONOMIC ASSISTANCE	\$41,946,738	254.22	\$44,196,617	254.22	105.4%
Medical Assistance	\$415,455,591	0.00	\$438,988,375	0.00	105.7%
Medical Contracts	7,659,250	0.00	8,717,186	0.00	113.8%
Health Insurance Payment Program (HIPP)	398,126	17.00	400,922	17.00	100.7%
State Supplementary Assistance	20,500,000	0.00	20,538,498	0.00	100.2%
Child Health Care Program (CHIP)	10,250,000	0.00	12,661,727	0.00	123.5%
MEDICAL SERVICES	\$454,262,967	17.00	\$481,306,708	17.00	106.0%
Toledo Juvenile Home	\$6,405,763	136.54	\$6,580,275	136.54	102.7%
Eldora State Training School	9,863,247	219.91	11,008,237	233.53	111.6%
Child and Family Services	107,450,000	0.00	113,970,561	0.00	106.1%
Child Care Services	5,050,750	0.00	5,050,750	0.00	100.0%
Community Based (Prevention Services)	1,011,424	1.00	979,424	1.00	96.8%
Family Support Subsidy	1,787,000	0.00	2,211,897	0.00	123.8%
Reactive Attachment Disorder Training	60,000	0.00	0	0.00	0.0%
SERVING ADULTS, CHILDREN & FAMILIES	\$131,628,184	357.45	\$139,801,144	371.07	106.2%

IOWA DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2001

Council on Human Services' Recommendation

State Dollars Only

FY 2000

Appropriation

FY 2001

%

(As Adjusted)

FTEs

Recommendation

FTEs

of FY00

	FY 2000 Appropriation (As Adjusted)	FTEs	FY 2001 Recommendation	FTEs	% of FY00
Cherokee MHI	\$12,916,682	249.24	\$13,648,931	249.74	105.7%
Clarinda MHI	7,242,953	138.59	7,398,149	138.59	102.1%
Independence MHI	17,727,938	358.73	18,257,025	360.73	103.0%
Mt. Pleasant MHI	5,451,463	109.83	5,608,256	109.83	102.9%
Sexually Violent Predators	1,531,000	20.00	1,795,633	20.00	117.3%
Glenwood SHS	3,330,401	877.75	3,788,510	877.75	113.8%
Woodward SHS	2,444,950	676.76	2,507,362	678.76	102.6%
MH/DD Community Services Fund	17,560,000	0.00	19,560,000	0.00	111.4%
DD Special Needs Grants/Projects	53,212	0.00	53,212	0.00	100.0%
Mental Illness Special Services Fund	121,220	0.00	121,220	0.00	100.0%
Conner Funding	46,000	0.00	46,000	0.00	100.0%
Personal Assistance Services	364,000	0.00	364,000	0.00	100.0%
MH/MR/DD State Cases	10,090,000	0.00	15,800,000	0.00	156.6%
Reimbursement - Social Services	2,000,000	0.00	0	0.00	0.0%
SERVING PERSONS WITH MH/MR/DD	\$80,879,819	2,430.90	\$88,948,298	2,435.40	110.0%

IOWA DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2001

Council on Human Services' Recommendation

State Dollars Only

FY 2000

Appropriation

(As Adjusted)

FTEs

FY 2001

Recommendation

FTEs

%

of FY00

	FY 2000 Appropriation (As Adjusted)	FTEs	FY 2001 Recommendation	FTEs	% of FY00
Field Operations	\$51,953,016	2,076.00	\$54,908,222	2,078.00	105.7%
General Administration	14,455,110	366.00	17,508,511	376.00	121.1%
Volunteers	118,500	0.00	125,892	0.00	106.2%
MANAGING AND DELIVERING SERVICES	\$66,526,626	2,442.00	\$72,542,625	2,454.00	109.0%
ECONOMIC ASSISTANCE	\$41,946,738	254.22	\$44,196,617	254.22	105.4%
MEDICAL SERVICES	\$454,262,967	17.00	\$481,306,708	17.00	106.0%
SERVING ADULTS, CHILDREN & FAMILIES	\$131,628,184	357.45	\$139,801,144	371.07	106.2%
SERVING PERSONS WITH MH/MR/DD	\$80,879,819	2,430.90	\$88,948,298	2,435.40	110.0%
MANAGING AND DELIVERING SERVICES	\$66,526,626	2,442.00	\$72,542,625	2,454.00	109.0%
GRAND TOTAL	\$775,244,334	5,501.57	\$826,795,392	5,531.69	106.6%

IOWA DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2001

Council on Human Services' Recommendation

Total Dollars

	FY 2000 Appropriation (As Adjusted)	FTEs	FY 2001 Recommendation	FTEs	% of FY00
Family Investment Program/JOBS	\$128,945,110	11.00	\$126,089,038	11.00	97.8%
Emergency Assistance	2,704,544	0.00	2,773,605	0.00	102.6%
Child Support Recovery Unit	45,513,608	243.22	47,067,299	243.22	103.4%
ECONOMIC ASSISTANCE	\$177,163,262	254.22	\$175,929,942	254.22	99.3%
Medical Assistance	\$1,480,367,835	0.00	\$1,583,653,873	0.00	107.0%
Medical Contracts	27,954,462	0.00	26,000,327	0.00	93.0%
Health Insurance Payment Program (HIPP)	800,860	17.00	801,844	0.00	100.1%
State Supplementary Assistance	20,500,000	0.00	20,538,498	0.00	100.2%
Child Health Care Program (CHIP)	39,697,909	0.00	48,475,218	0.00	122.1%
MEDICAL SERVICES	\$1,569,321,066	17.00	\$1,679,469,760	0.00	107.0%
Toledo Juvenile Home	\$6,640,301	136.54	\$6,812,201	136.54	102.6%
Eldora State Training School	11,076,085	219.91	11,842,961	233.53	106.9%
Child and Family Services	215,582,740	0.00	229,077,754	0.00	106.3%
Child Care Services	52,223,512	0.00	54,410,188	0.00	104.2%
Community Based (Prevention Services)	3,073,861	1.00	3,541,861	1.00	N/A
Family Support Subsidy	1,787,000	0.00	2,211,897	0.00	123.8%
Reactive Attachment Disorder Training	60,000	0.00	0	0.00	0.0%
SERVING ADULTS, CHILDREN & FAMILIES	\$290,443,499	357.45	\$307,896,862	371.07	106.0%

IOWA DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2001

Council on Human Services' Recommendation

Total Dollars

	FY 2000 Appropriation (As Adjusted)	FTEs	FY 2001 Recommendation	FTEs	% of FY00
Cherokee MHI	\$13,317,182	249.24	\$14,062,431	249.74	105.6%
Clarinda MHI	7,263,462	138.59	7,443,649	138.59	102.5%
Independence MHI	18,952,000	358.73	19,548,125	360.73	103.1%
Mt. Pleasant MHI	6,073,722	109.83	6,230,515	109.83	102.6%
Sexually Violent Predators	1,531,000	20.00	1,795,633	20.00	117.3%
Glenwood SHS	41,943,058	877.75	42,601,167	877.75	101.6%
Woodward SHS	32,819,639	676.76	33,681,464	678.76	102.6%
MH/DD Community Services Fund	30,598,764	0.00	32,598,764	0.00	106.5%
DD Special Needs Grants/Projects	53,212	0.00	53,212	0.00	N/A
Mental Illness Special Services Fund	121,220	0.00	121,220	0.00	100.0%
Conner Funding	46,000	0.00	46,000	0.00	100.0%
Personal Assistance Services	364,000	0.00	364,000	0.00	100.0%
MH/MR/DD State Cases	10,090,000	0.00	15,800,000	0.00	156.6%
Reimbursement - Social Services	2,000,000	0.00	0	0.00	0.0%
SERVING PERSONS WITH MH/MR/DD	\$165,173,259	2,430.90	\$174,346,180	2,435.40	105.6%

IOWA DEPARTMENT OF HUMAN SERVICES

Fiscal Year 2001

Council on Human Services' Recommendation

Total Dollars

FY 2000

Appropriation

FY 2001

%

(As Adjusted)

FTEs

Recommendation

FTEs

of FY00

	Appropriation (As Adjusted)	FTEs	FY 2001 Recommendation	FTEs	% of FY00
Field Operations	\$97,236,216	2,076.00	\$99,310,350	2,078.00	102.1%
General Administration	42,395,228	366.00	44,602,100	376.00	105.2%
Volunteers	246,401	0.00	253,793	0.00	103.0%
MANAGING AND DELIVERING SERVICES	\$139,877,845	2,442.00	\$144,166,243	2,454.00	103.1%
ECONOMIC ASSISTANCE	\$177,163,262	254.22	\$172,929,942	254.22	97.6%
MEDICAL SERVICES	\$1,569,321,066	17.00	\$1,679,469,760	0.00	107.0%
SERVING ADULTS, CHILDREN & FAMILIES	\$290,443,499	357.45	\$307,896,862	371.07	106.0%
SERVING PERSONS WITH MH/MR/DD	\$165,173,259	2,430.90	\$174,346,179	2,435.40	105.6%
MANAGING AND DELIVERING SERVICES	\$139,877,845	2,442.00	\$144,166,243	2,454.00	103.1%
GRAND TOTAL	\$2,341,978,931	5,501.57	\$2,478,808,986	5,514.69	105.8%

FAMILY INVESTMENT PROGRAM (FIP)/JOBS

APPROPRIATION DESCRIPTION:

The Family Investment Program [funded by a combination of federal Temporary Assistance for Needy Families (TANF) block grant dollars, state general funds, and child support recoveries] provides assistance to needy families with children to assist in their support while they become self-supporting. The program consists of several major components, including Family Investment Program (FIP) cash grants, PROMISE JOBS employment and training opportunities, Family Development and Self-Sufficiency (FaDSS) services, Diversion programs to eliminate or reduce reliance on FIP families and barriers to employment, and Early Childhood funding for Empowerment Areas. This appropriation also includes state funds for Food Stamp Employment and Training (FSET) and Electronic Benefit Transfer (EBT).

FIP

PROGRAM DESCRIPTION:

Funds direct cash grant assistance and other initiatives that benefit needy families with children, and associated technology and evaluation components of welfare reform, to meet state goals and federal requirements.

PROMISE JOBS

PROGRAM DESCRIPTION:

Funds PROMISE JOBS [employment and training activities, including Entrepreneurial Training (ET - microenterprise business training) for FIP participants with Family Investment Agreements]; Family Development and Self-Sufficiency (FaDSS - intensive supportive services from community-based grantees to FIP families with multiple barriers to employment); and the Food Stamp Employment and Training program (FSET - Food Stamp Employment and Training activities for food stamp participants).

DIVERSION

PROGRAM DESCRIPTION:

Funds programs intended to eliminate or reduce reliance on FIP by needy families with barriers to employment by providing immediate, short-term assistance.

- * Pre-FIP Diversion - Served a 9-county pilot area in FY 99. Diverted 212 families at an average cost of \$1,359 per family.
- * Family Self-Sufficiency Grants - Made 2,656 payments statewide in FY 99 at an average cost of \$343. An average of 41% of FSSG recipients left FIP within 6 months of receiving assistance.
- * Community Self-Sufficiency Grants - Awarded grants in 2 counties in FY 99 to address transportation and non-traditional child care issues.
- * Post-FIP Services will begin in FY 00 and will be available to families recently leaving FIP due to employment who become at risk of returning to FIP.

EARLY CHILDHOOD FUNDING

PROGRAM DESCRIPTION:

Funds the TANF Early Childhood Empowerment Area initiative to increase the availability of quality child care to support parents in obtaining or retaining employment. In mid-FY 99, 22 Community Empowerment Areas representing 28 counties were designated and accessed Early Childhood funding to begin implementation of their community plans.

FAMILY INVESTMENT PROGRAM (FIP)/JOBS

Page 2

DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
FIP					
BASE					
CS Base - 4	Provides FIP cash grants to families with	\$38,173,079	108.8%	\$38,173,079	108.8%
FO Base - 4	children deprived of parental care or support	4.00		4.00	
MA Base, 5,	of one or both parents. Includes:				
9-19	* \$25,000 for funerals;				
MC 4, 6-16,	* \$800,000 for Welfare Reform, child well-				
	being, and employment impact				
	evaluations;				
	* \$1,000,000 for technology needs and other				
	resources necessary to meet federal				
	welfare reform reporting, tracking, and case				
	management requirements;				
	* \$100,000 for Parental Obligation Pilot and				
	\$400,000 for other innovative strategies;				
	* \$21,459 for Electronic Benefit Transfer				
	(EBT) program costs to maintain the pilot				
	in Linn County;				
	* \$172,614 FIP benefits issuance;				
	* \$200,000 Individual Development Accounts;				
	* \$700,000 Redesign of Financial Service Assistance.				
	(\$41,702,245 TANF)				
	CSRU Public Assistance Recoveries - state	(12,349,175)	-35.2%	25,823,904	73.6%
	share				
JOBS					
BASE					
	Provides PROMISE JOBS, including ET;	9,564,352	27.3%	35,388,256	100.9%
	FaDSS; and FSET program services at	5.00		9.00	
	the following service levels: 18,000 average				
	monthly families in PROMISE JOBS in FY 01;				
	160 annual ET participants in FY 01;				
	2,284 average monthly families in FaDSS in FY 01;				
	2,000 FSET participants in FY 01.				
	(\$19,980,113 TANF)				
DIVERSION					
BASE					
	Provides assistance for pilot Diversion	0	0.0%	35,388,256	100.9%
	programs.	1.00		10.00	
	(\$3,200,000 TANF)				
EARLY CHILDHOOD FUNDING					
BASE					
	Funds the TANF Early Childhood	0	0.0%	35,388,256	100.9%
	Empowerment Area initiative.	1.00		11.00	
	(\$3,800,000 TANF)				

FAMILY INVESTMENT PROGRAM (FIP)/JOBS
Page 3

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
DECISION PACKAGES IN PRIORITY ORDER:				
1 Maintains state/TANF dollar portion of welfare reform technology at the FY 00 service level for the continued ongoing, long-term operation of welfare reform programs and to maintain federal funding integrity. State portion funded in FY 00 by rollover from the Rebuild Iowa Infrastructure Fund (\$750,000). (\$206,442 TANF)	760,384 0.00	2.2%	36,148,640 11.00	103.0%
Current Service Level				
2 This initiative funds expansion of Electronic Benefit Transfer system (EBT) to provide a comprehensive system of issuing benefits and provider payments. FY 01 funds the first phase to issue food stamps and FIP benefits. Federal requirements mandate statewide EBT for food stamps by October 1, 2002. Will study the feasibility of including child care and Medicaid payments to providers. (\$183,640 TANF)	348,179 0.00	1.0%	36,496,819 11.00	104.0%
3 Increase FIP cash assistance grants by 4% effective January 1, 2001. Adds 76 mo. FIP cases as of January 1, 2001. Decrease in state dollars result from state share of PA recoveries. (\$2,200,000 TANF)	(59,731) 0.00	-0.2%	36,437,088 11.00	103.9%
TOTALS				
	\$36,437,088 11.00	103.9%	\$36,437,088 11.00	103.9%
FY 2000 APPROPRIATION	\$34,330,000			
FY 2000 ADJUSTED APPROPRIATION	\$35,080,000			
FY 2000 AUTHORIZED FTEs	11.00			
FY 2000 ESTIMATED EXPENDITURES	\$35,080,000			
FY 1999 EXPENDITURES	\$35,077,162			
FY 2001 TANF REQUEST	\$73,252,440			
FY 2000 FIP-TANF APPROPRIATION	\$76,810,342			
FY 2000 ESTIMATED FIP-TANF EXPENDITURES	\$76,810,342			
FY 1999 FIP-TANF EXPENDITURES	\$65,053,005			

FAMILY INVESTMENT PROGRAM (FIP)/JOBS

Page 4

FY 2000 Adjusted Appropriation	
FY 2000 Appropriation	\$34,330,000
Adjustment due to Technology	750,000
FY 2000 Adjusted Appropriation	\$35,080,000

AVERAGE MONTHLY Components	Actual FY 99 Cases	Cost/Case	Budget FY 00 Cases	Cost/Case	Proposed FY 01 Cases	Cost/Case
BASE*	22,589	\$323.96	22,357	\$323.25	19,846	\$322.00
DP#3					76	
TOTAL					19,922	

* Average household size is 2.67.

EMERGENCY ASSISTANCE

APPROPRIATION DESCRIPTION:

The Emergency Assistance (EA) program promotes family safety by providing one-time housing-related vendor payments to reduce or avoid homelessness. EA is available to families (must have a child under age 18 or 18 and still in high school) with income at or below 100% of the federal poverty guidelines based on family size, and having liquid resources not exceeding \$1,000, who have an emergency threatening their living situation. EA can be used to pay for: rent, rent deposits, house payments, utilities, utility deposits, and the purchase or repair of heating equipment. Households may receive a maximum of \$500 in assistance during a 30-day period of eligibility only once every 12 months. The program starts October 1st each year and continues until available funds for the state fiscal year are exhausted.

Statistical Notes:

- * Emergency Assistance funds in FY 99 were exhausted in 4/99;
- * Percentage of users for the program who received FIP was 50.3%;
- * The average Emergency Assistance payment in FY 99 was \$396.01.

DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
BASE					
FO Base - 3	Provide up to \$500 in Emergency Assistance for 6,469 families in FY 01. When funds are exhausted, the program must be ended until additional funds become available. (\$2,694,544 TANF)	\$0	0.0%	\$0	0.0%
	To continue funding for Community Voice Mail at FY 00 level.	10,000	100%	10,000	100%
DECISION PACKAGE IN PRIORITY ORDER:					
FO Base - 3	1 Maintains estimated FY 00 program service level to serve 166 additional families. (\$69,061 TANF)	0	0.0%	0	0.0%
TOTALS		\$10,000	100.0%	\$10,000	100.0%
FY 2000 APPROPRIATION		\$10,000			
FY 2000 ESTIMATED EXPENDITURES		\$10,000			
FY 1999 EXPENDITURES		\$10,000			
FY 2001 TANF REQUEST		\$2,763,605			
FY 2000 EA-TANF APPROPRIATION		\$2,694,544			
FY 2000 ESTIMATED EA-TANF EXPENDITURES		\$2,694,544			
FY 1999 EA-TANF EXPENDITURES		\$2,557,000			

CHILD SUPPORT RECOVERY UNIT (CSRU)

APPROPRIATION DESCRIPTION:

All states operating a federal Temporary Assistance to Needy Families program (TANF) must have a child support enforcement program to: establish paternity and child support and medical support orders; locate absent parents; collect child support for self-sufficient families that apply for enforcement services, self-sufficient former assistance families that continue to receive services, families receiving TANF and Medicaid, and children in Foster Care; review and adjust (modify) support orders upon the request of either parent; and receive and distribute child support payments.

GOALS:

- I. Increase the number of paternities established for children in Iowa, so that there are two parents with legal responsibility for the children.
- II. Increase the number of support orders established for children in Iowa, so that there is legal authority to collect support for the children.
- III. Improve the enforcement of child support orders so that Iowa's families can count on receiving support regularly and on time.

	FY 1999 Actuals	Current Projection FY 2000 Revenues	FY 2001 Revenues
Key Results Explanation:			
Total FIP (Gross)	\$43,204,410	\$40,496,545	\$40,737,027
Federal policy change	0	0	7,638,192 *
Adjusted Total FIP	43,204,410	40,496,545	33,098,835
Total Foster Care - IV-E	1,038,522	1,194,300	1,373,445
Total Foster Care - State Paid	2,468,996	2,468,996	2,468,996
Net State Share FIP	15,799,853	14,935,126	12,349,175
Net State Share Foster Care - IV-E	379,787	440,458	512,432
Net State Share Foster Care - State Paid	2,468,996	2,468,996	2,468,996
Net State Share of All Revenues/Offsets	18,648,636	17,844,580	15,330,604
State Share of Incentives	3,555,071	3,159,792	3,796,097 **
State Cost of Packages	(14,141,574)	(11,148,506)	(11,545,626)
Net State Revenues	\$8,062,133	\$9,855,866	\$7,581,075

* Gross FIP collections decrease due to declining FIP caseload. New Federal policy requires some support payments to be paid to the family, rather than the State.

** Due to change in Federal law effective 10/1/99, incentives must be used for child support expenses that supplement, but do not supplant, the existing appropriation. The state share of incentives for SFY's 00 and 01 are projected to increase since program performance will position us advantageously under the new Federal incentive formula.

	FY 1999	FY 2000	FY 2001
DHS State FTEs	233.22	243.22	243.22
PA Caseload	37,629	35,371	33,249
Total Caseload	157,481	159,056	160,631

CHILD SUPPORT RECOVERY UNIT (CSRU)

Page 2

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
GA-Base	\$5,142,554	75.0%	\$5,142,554	75.0%
MHI's, SHS's	182.42		182.42	
JUV's				
FIP-Base,1				
CFS-Base,1				
MA-Base				
DECISION PACKAGES IN PRIORITY ORDER:				
Same as Base	1,685,117	24.6%	6,827,671	99.6%
	60.80		243.22	
2 Increase state share of incentives. Increase due to Iowa's expected performance in the new Federal performance incentives formula.	(636,305)	-9.3%	6,191,366	90.3%
	0.00			
3 Annualize the cost of centralized employer customer service unit. The unit provides one location for all employers to address income withholding and medical support enforcement questions and processes.	120,252	1.8%	6,311,618	92.0%
	0.00		243.22	
4 Federal share of interest on collections. The general fund earns and keeps the interest earned between the time the support is received and when the state warrant is issued to the custodial parent. The state appropriation for child support pays the amount owed to the Federal government for the share of the interest kept in the state's treasury.	248,808	3.6%	6,560,426	95.7%
	0.00		243.22	
5 Welfare Reform APD. Funds to complete development of Federal welfare reform (PRWORA) IT system requirements by September 30, 2000, in order for the state to continue to receive its share of TANF funding. IT costs for this multi-year project have been funded through IT reversions.	323,080	4.7%	6,883,506	100.4%
	0.00		243.22	
6 Data Processing Staff Maintenance. Funds for information technology staff to operate and adapt as necessary the Federally mandated ICAR system. CSRU will transition from an expanded development mode to a mandated maintenance mode once the APD project is completed by September 30, 2000.	482,664	7.0%	7,366,170	107.4%
	0.00		243.22	
Current Service Level				

CHILD SUPPORT RECOVERY UNIT (CSRU)

Page 3

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
7 Information Technology Enhancements.	383,359	5.6%	7,749,529	113.0%
Funds to automate and incorporate state policy into the Federally required software and technology enhancements to speed up the availability of paternity and new hire information to staff.	0.00		243.22	
<hr/>				
TOTALS	\$7,749,529	113.0%	\$7,749,529	113.0%
	243.22		243.22	
<hr/>				
FY 2000 APPROPRIATION	\$6,856,738			
FY 2000 ESTIMATED EXPENDITURES	\$6,856,738			
FY 2000 AUTHORIZED FTEs	243.22			
FY 1999 EXPENDITURES	\$5,395,652			

Incentive payments may not be received in the year in which they are earned. We need legislative intent language allowing us to "borrow" funds from some source, in order to cover incentives cash flow issue.

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

MEDICAL ASSISTANCE (MEDICAID - TITLE XIX)

APPROPRIATION DESCRIPTION:

Medicaid is a program of medical assistance funded by the federal government and the states for individuals of low income who are aged, blind or disabled, pregnant, under age 21 or members of families with dependent children. The program includes mandatory services and mandatory eligibles, as well as optional services and optional eligibles. All payments through the program, except for transportation, are made directly to the provider of services.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
MC Base CSRU Base -1 GA Base HIPP Base -1 FIP/PJ Base SS Base CFS Base -1 FO Base -4	Provides (a) payment for Title XIX mandatory services for mandatory eligibles (including Medicare crossover claims and Medicare premiums, deductibles, and coinsurance). In FY 01 Medicare Part A estimated to increase to \$319, Part B to \$49.75, (b) NF Base at FY 00 projected expenditure level.	\$ 273,735,737	65.9%	\$273,735,737	65.9%

	FY 2000		FY 2001	
	\$	Eligibles	\$	Eligibles
Mandatory Eligibles/Services	\$96,599,647	190,983	\$85,331,850	182,653
Medicare Buy-In for Mandatory Eligibles	10,882,479	43,803	11,498,958	43,604
Medical Transportation	1,184,007	3,377	1,184,007	3,377
Nursing Facilities	106,418,600	14,795	119,881,150	14,639
HMO	27,167,646	49,715	31,619,126	48,823
Iowa Plan (Behavioral Health Care)	24,043,528	202,365	24,220,646	185,267
TOTAL BASE	\$266,295,907		\$273,735,737	

NOTE: State match rate goes from 36.88% in SFY 2000, to an estimated 37.31% in SFY 2001.

DECISION PACKAGES IN PRIORITY ORDER: MANDATORY SERVICES - OPTIONAL ELIGIBLES

MC 1 FO Base -4	1 Provide payment for mandatory medical services for the 300% group. 15,190 eligibles in FY 01.	15,836,039	3.8%	289,571,776	69.7%
MC 2 FO Base -4	2 Provide payment for mandatory services for persons in the Child Medical Assistance Program (CMAP). 2,235 eligibles (children ages 7-21).	4,394,733	1.1%	293,966,509	70.8%
MC 3 FO Base -4	3 Provide payment for mandatory services for persons in Medically Needy group. 4,087 eligibles in FY 01.	10,522,260	2.5%	304,488,769	73.3%

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

MEDICAL ASSISTANCE (MEDICAID - TITLE XIX)

Page 2

DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
4 Provide payment for Medicare Supplemental Insurance program (Part B) for eligible persons in optional groups. 6,167 eligibles in FY 01.		3,945,753	0.9%	308,434,522	74.2%
<u>OPTIONAL SERVICES - ALL ELIGIBLES</u>					
MC 4 FIP Base CFS Base -1 SS Base	5 Provide for prescribed drugs for eligible groups. (Net of rebates of \$17.1M in FY 01.)	75,172,944	18.1%	383,607,466	92.3%
MC 5 CFS 8	6 Provide for waiver services under ill and handicapped, elderly, AIDS, brain injury, physical disability, HCBS/MR children, and children out of home services waivers for an estimated 10,585 eligibles.	15,514,369	3.7%	399,121,835	96.1%
	7 Provide for the non-federal share of ICF/MR for children. (Avg. of 215 children in FY 01).	2,700,277	0.6%	401,822,112	96.7%
	8 Provide for the non-federal share of ICF/MR State cases.	4,027,166	1.0%	405,849,278	97.7%
MC 6 FIP Base CFS Base -1 SS Base	9 Provide for ambulance services for all eligible groups.	452,879	0.1%	406,302,157	97.8%
MC 7 FIP Base CFS Base -1 SS Base	10 Provide for dental services for all eligible groups.	6,431,145	1.5%	412,733,302	99.3%
MC 8 FIP Base CFS Base -1 SS Base	11 Provide for optometric services for all eligible groups.	1,149,279	0.3%	413,882,581	99.6%
MC 9 FIP Base CFS Base -1 SS Base	12 Provide for durable medical equipment and supplies for all eligible groups.	8,864,061	2.1%	422,746,642	101.8%
MC 10 FIP Base CFS Base -1 SS Base	13 Provide for clinic services (other than rural health clinics and Federally Qualified Health Centers) to all eligible groups.	691,502	0.2%	423,438,144	101.9%

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

MEDICAL ASSISTANCE (MEDICAID-TITLE XIX)

Page 3

DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
MC 11 FIP Base CFS Base -1 SS Base	@ 14 Provide for community mental health center services for all eligible groups.	323,886	0.1%	423,762,030	102.0%
MC 12 FIP Base CFS Base -1 SS Base	@ 15 Provide for psychologist services for all eligible groups.	37,594	0.0%	423,799,624	102.0%
MC 13 FIP Base CFS Base -1 SS Base	16 Provide physical therapist, rehabilitation agencies, and audiologist services for all eligibles.	3,022,041	0.7%	426,821,665	102.7%
MC 14 FIP Base CFS Base -1 SS Base	17 Provide for podiatrist services for all eligible groups.	392,905	0.1%	427,214,570	102.8%
MC 15 FIP Base CFS Base -1 SS Base	18 Provide for chiropractic services for all eligible groups.	465,458	0.1%	427,680,028	102.9%
MC 16 FIP Base SS Base	19 Provide for hospice services for all eligible groups.	1,192,854	0.3%	428,872,882	103.2%
MC 17	@ 20 Provide for case management to the CMI, MR, and DD eligibles.	3,471,453	0.8%	432,344,335	104.1%
MC 18	@ 21 Provide for day treatment to the CMI, MR, and DD eligibles.	5,904	0.0%	432,350,239	104.1%
MC 19	@ 22 Provide partial hospitalization to the CMI, MR, and DD eligibles.	7,229	0.0%	432,357,468	104.1%
MC Base	23 Maintain NF maximum at the 70th percentile of facilities, based on June 30, 2000 cost reports. Maximum at \$85.93 in FY 00 and \$87.86 on FY01.	4,256,975	1.0%	436,614,443	105.1%
	24 Program postage.	225,905	0.1%	436,840,348	105.1%
Current Service Level					
MC 21 CHIP 6	25 Provide for 12 month continuous eligibility.	6,721,192	1.6%	443,561,540	106.8%
MC 22 CHIP 7	26 Provide for presumptive eligibility of children.	1,041,238	0.3%	444,602,778	107.0%

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

MEDICAL ASSISTANCE (MEDICAID-TITLE XIX)

Page 4

DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
MC 23 CHIP 8	27 Provide for (MAC) Pregnant Women to 200% FPL.	139,672	0.0%	444,742,450	107.0%
MC 24	28 Provide for 24 month guarantee for family planning. (Subject to HCFA's approval of a waiver for this).	-8,785	0.0%	444,733,665	107.0%
MC 25	29 Provide for 7.6% increase of income limits in FMAP and Medically Needy.	3,202,726	0.8%	447,936,391	107.8%
	30 Provide for increase of dental reimbursement to 70% of UCR.	2,901,695	0.7%	450,838,086	108.5%
	31 Provide for expansion of home health care services for special needs children. 400 children served.	2,813,106	0.7%	453,651,192	109.2%
MC 26	32 Provide for funding of habilitative day care for special needs children in waiver programs. 300 children served.	1,629,701	0.4%	455,280,893	109.6%
	33 Provide for smoking cessation products and program.	575,000	0.1%	455,855,893	109.7%
MC 27	34 Provide for expanded availability of supportive employment to individuals eligible for MR and brain injury waivers.	1,441,589	0.3%	457,297,482	110.1%
MC 28	35 Provide for expansion of respite services under all HCBS waiver services.	1,499,302	0.4%	458,796,784	110.4%
	36 Provide for fee for service inflation for community mental health centers. (Legislative expectations).	60,533	0.0%	458,857,317	110.4%
	37 Redirection of federal Medicaid funds currently deposited in the General Fund for DSH, IME, and AEAs.	(21,375,000)	-5.1%	437,482,317	105.3%
	38 Provide additional funds for costs paid by the county for brain injury program.	1,506,058	0.4%	438,988,375	105.7%
TOTALS		\$ 438,988,375	105.7%	\$438,988,375	105.7%
ADJUSTED FY 2000 APPROPRIATION		\$ 415,455,591			
FY 2000 ESTIMATED EXPENDITURES		\$ 415,455,591			
FY 1999 EXPENDITURES		\$ 382,233,412			

@ These categories are shown net of Iowa Plan related costs. Persons not eligible for the Iowa Plan include: those over the age of 65, those on Medically Needy with a spenddown, Qualified Medicare Beneficiaries (QMB), presumptive eligibles, illegal aliens, and TXIX clients who are residents of Woodward and Glenwood State Hospital Schools.

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

MEDICAL CONTRACTS

APPROPRIATION DESCRIPTION:

This appropriation provides for (a) the contract with the fiscal agent responsible for paying Medicaid vendor claims; (b) the contract with the Peer Review Organization (PRO); (c) the contract with the Department of Inspections and Appeals for survey and certification reviews of ICF, ICF/MR, and SNF; (d) drug utilization review (DUR) contract; (e) HMO quality assurance with IFMC; (f) Vocational Rehabilitation contract; (g) audit of fiscal agent; (h) MediPASS; (i) contract with the Department of Public Health for high risk birth.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
CFS Base -1 MA Base MA 23 FIP/PJ Base SS Base	(a) Provides for payment of Title XIX claims for mandatory eligibles and services; (b) PRO utilization review contract; (c) Department of Inspections and Appeals; (d) Nursing Home and RCF Audits; (e) Disability determination (Voc-Rehab); and (f) Drug Utilization Review (DUR).	\$6,387,100	83.4%	\$6,387,100	83.4%

	FY 2000 \$	Claims/ Month	FY 2001 \$	Claims/ Month
Fiscal Agent Administrative Services	\$2,363,700	555,063	\$2,902,860	496,810
PRO Review Contract	885,300		887,300	
Dept. of Inspections & Appeals	958,000		958,000	
Drug Utilization Review (DUR)	150,400		145,000	
Disability Determination	256,500		295,570	
Audits	94,500		94,500	
MHC Independent Evaluations	251,000		227,045	
MHC Rate Setting	175,000		175,000	
Dept. of Public Health	77,700		80,445	
ISU contract for HCBS Waiver	515,800		527,530	
Drug Pay and Chase	96,300		93,850	
TOTAL BASE	\$5,824,200		\$6,387,100	

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
DECISION PACKAGES IN PRIORITY ORDER:					
MA 1	1 Contractual services for claims payment for the 300% group.	337,534	4.4%	6,724,634	87.8%
MA 2	2 Contractual services for claims payment for the Child Medical Assistance Program (CMAP) group.	130,714	1.7%	6,855,348	89.5%

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

MEDICAL CONTRACTS

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DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
MA 3	3 Contractual services for claims payment for the Medically Needy group.	46,767	0.6%	6,902,115	90.1%
MA 5 FIP Base CFS Base -1 SS Base	4 Contractual services for claims payment for prescribed drugs.	1,118,625	14.6%	8,020,740	104.7%
MA 6	5 Contractual services for claims payment for waiver services.	28,757	0.4%	8,049,497	105.1%
MA 9 FIP Base CFS Base -1 SS Base	6 Contractual services for claims payment for ambulance services.	3,486	0.0%	8,052,983	105.1%
MA 10 FIP Base CFS Base -1 SS Base	7 Contractual services for claims payment for dental services.	47,057	0.6%	8,100,040	105.8%
MA 11 FIP Base CFS Base -1 SS Base	8 Contractual services for claims payment for optometric services.	20,333	0.3%	8,120,373	106.0%
MA 12 FIP Base CFS Base -1 SS Base	9 Contractual services for claims payment for durable medical equipment and supplies.	43,571	0.6%	8,163,944	106.6%
MA 13 FIP Base CFS Base -1 SS Base	10 Contractual services for claims payment for the optional services of clinics.	10,167	0.1%	8,174,111	106.7%
MA 14 FIP Base CFS Base -1 SS Base	@ 11 Contractual services for claims payment for mental health centers.	8,135	0.1%	8,182,246	106.8%
MA 15 FIP Base CFS Base -1 SS Base	@ 12 Contractual services for claims payment for psychologists.	581	0.0%	8,182,827	106.8%
MA 16 FIP Base CFS Base -1 SS Base	13 Contractual services for claims payment for physical therapists, rehabilitation agencies, audiologists, area education agencies, nurse midwives, and certified registered nurse anesthetists (CRNA).	11,619	0.2%	8,194,446	107.0%

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

MEDICAL CONTRACTS

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DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
MA 17 FIP Base CFS Base -1 SS Base	14 Contractual services for claims payment for podiatrists.	9,005	0.1%	8,203,451	107.1%
MA 18 FIP Base CFS Base -1 SS Base	15 Contractual services for claims payment for chiropractic services.	14,814	0.2%	8,218,265	107.3%
MA 19 FIP Base SS Base	16 Contractual services for claims payment for hospice.	8,962	0.1%	8,227,227	107.4%
MA 20	@ 17 Contractual services for claims payment for case management for CMI, MR, DD eligibles.	13,873	0.2%	8,241,100	107.6%
MA 21	@ 18 Contractual services for claims payment for day treatment for CMI, MR, DD eligibles.	500	0.0%	8,241,600	107.6%
MA 22	@ 19 Contractual services for claims for partial hospitalization for CMI, MR, DD eligibles.	500	0.0%	8,242,100	107.6%
Current Service Level					
	20 Provide state funds to Child Health Specialties for Ill and Handicapped waiver and EPSDT programs.	195,424	2.6%	8,437,524	110.2%
MA 25	21 Contractual services for claims payment for 12 month continuous eligibility.	177,906	2.3%	8,615,430	112.5%
MA 26	22 Contractual services for claims payment and change order for presumptive eligibility for children.	55,751	0.7%	8,671,181	113.2%
MA 27	23 Contractual services for claims payment for (MAC) pregnant women to 200% FPL.	1,223	0.0%	8,672,404	113.2%
MA 28	24 Contractual services for claims payment for 24 month guarantee for family planning services.	19,785	0.3%	8,692,189	113.5%
MA 29	25 Contractual services for claims payment for 7.6% increase in income limits in FMAP and Medically Needy.	18,488	0.2%	8,710,677	113.7%
MA 32	26 Contractual services for claims payment for habilitative day care for waiver programs.	2,064	0.0%	8,712,741	113.8%
MA 34	27 Contractual services for claims payment for expansion of supportive employment to individuals eligible under the MR and BI waivers.	523	0.0%	8,713,264	113.8%

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

MEDICAL CONTRACTS

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DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
MA 35 28 Contractual services for claims payment for expansion of respite services under all HCBS waivers.	3,922	0.1%	8,717,186	113.8%	
TOTALS		\$8,717,186	113.8%	\$8,717,186	113.8%
FY 2000 APPROPRIATION		\$7,659,250			
FY 2000 ESTIMATED EXPENDITURES		\$7,659,250			
FY 1999 EXPENDITURES		\$7,211,663			

@ This category is shown net of MHAP related costs. Persons not eligible for MHAP are those age 65 and over, those on Medically Needy with a spenddown, and persons in nursing facilities.

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

Health Insurance Premium Payment (HIPP) Program

APPROPRIATION DESCRIPTION:

Section 4402 of the Omnibus Budget Reconciliation Act (COBRA) permits states to pay for the cost of enrolling an eligible Medicaid recipient in an employer-related group health insurance plan when it is determined cost effective to do so. Costs to the Medicaid program are reduced by establishing or maintaining a third-party resource as the primary payer of the recipient's medical expenses. This is particularly true for persons who may not otherwise enroll in an available health insurance plan or who may drop health insurance once Medicaid eligibility is attained. Currently the HIPP Unit has about 1,800 cases which represents over 6,000 individual clients participating in the program.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
MA Base	Restores FTEs and support for 12 staff.	\$296,322	74.5%	\$296,322	74.5%
	Projected savings to Medical Assistance \$3,210,715	12.00		12.00	
DECISION PACKAGE IN PRIORITY ORDER:					
MA Base	1 Restores FTEs and support for 5 staff.	104,600	26.3%	400,922	100.7%
	Projected savings to Medical Assistance \$1,070,238	5.00		17.00	
TOTALS		\$400,922	100.7%	\$400,922	100.7%
		17.00		17.00	
FY 2000 APPROPRIATION		\$397,983			
FY 2000 ESTIMATED EXPENDITURES		\$397,983			
FY 2000 AUTHORIZED FTEs		17.00			
FY 1999 EXPENDITURES		\$357,852			

STATE SUPPLEMENTARY ASSISTANCE

APPROPRIATION DESCRIPTION:

This program, funded entirely with state money, assists individuals who meet all Supplemental Security Income (SSI) eligibility requirements except for income, and whose income is insufficient to pay for certain special needs. In Iowa, these needs are defined as residential care, family life homes, in-home health care, dependent person allowance, mandatory supplementary, and blind allowance. The funeral assistance program offers assistance with the cost of funerals for people who were state supplementary assistance or family investment program recipients at the time of their death. The rent subsidy program assists adults residing in a medical institution to move to and live in community housing. It assists adults receiving Medicaid home and community-based waiver services (HCBS) and may be used to avoid placement in a medical institution.

DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
BASE					
FO Base - 3 MA Base, 5 9-19 MC Base, 4, 6-16	Provides funding for Residential Care Facilities with maximum daily reimbursement rate of \$24.26 and \$17.34 for those on flat rate. Residential care bed days of 1,166,555 in FY 01. Provides funding for in-home health related care at a maximum provider reimbursement rate of \$466.49 per month. (Base RCF rate of \$24.26 will meet the projected full operating costs of approximately 20% of RCFs.) Projections were factored using an estimated Social Security COLA increase of 1.3%, effective January 1, 2000 and January 1, 2001.	\$20,477,084	99.9%	\$20,477,084	99.9%

Current Service Level

DECISION PACKAGE IN PRIORITY ORDER:

1	Increase the maximum In-Home Health Related Care (IHHRC) reimbursement rate by .33% from the base rate \$466.49 to \$468.01 beginning January 1, 2001. Increase by .33% the maximum daily reimbursement rate for RCF's from \$24.26 to \$24.34 which is expected to meet the full operating cost of 20% of Residential Care Facilities.	61,414	0.3%	\$20,538,498	100.2%
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		\$20,538,498	100.2%	\$20,538,498	100.2%
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FY 2000 APPROPRIATION	\$20,500,000
FY 2000 ESTIMATED EXPENDITURES	\$20,306,183
FY 1999 EXPENDITURES	\$19,537,200

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

STATE SUPPLEMENTARY ASSISTANCE

Attachment

Elements of State Supplementary Base - DP1:	FY 00 \$	Avg. Monthly Eligibles	FY 01 \$	Avg. Monthly Eligibles
Residential Care Facilities	\$9,513,699	3,267	\$10,142,219	3,198
In-Home Health	7,536,540	1,679	7,339,579	1,706
Family Life Homes	15,921	19	14,052	19
Blind	219,412	729	190,860	729
Mandatory Supplementary	101,394	66	42,144	66
Funerals	25,000	12	25,000	12
Dependent Persons	2,843,273	954	2,524,716	954
Rent Subsidy	75,000		75,000	
Federal Administration Fee	169,761		184,928	
Total	\$20,500,000	6,726	\$20,538,498	6,684

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

APPROPRIATION DESCRIPTION:

The State Children's Health Insurance Program (CHIP) was created via the new Title XXI of the Social Security Act. Title XXI enables states to provide health care coverage assistance to uninsured, targeted low-income children. Targeted low-income children are those who are under 19 years of age, who reside in families with income below 200% of the federal poverty level, are not eligible for Medicaid, nor covered under a group health plan or other health insurance. Iowa's CHIP program consists of other health insurance. Iowa's CHIP program consists of Medicaid coverage for children below 133% of the federal poverty level and a non-Medicaid program for children below 185% of the federal poverty level.

DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
DECISION PACKAGES IN PRIORITY ORDER:					
FO Base - 4	1 To provide the state matching funds for the expansion of coverage to 133% of federal poverty level.	\$6,445,999	62.9%	\$6,445,999	62.9%
	2 Contractual services for claims payment.	151,550	1.5%	6,597,548	64.4%
	3 To provide the state matching funds for the HAWK-I plan.	4,013,066	39.2%	10,610,615	103.5%
	4 Administration and outreach.	436,516	4.3%	11,047,131	107.8%
Current Service Level					
	5 Provide for increase in HAWK-I eligibility from 185% FPL to 200% FPL.	669,783	6.5%	11,716,914	114.3%
MA 25	6 Provide for 12 month continuous eligibility for XXI Medicaid expansion.	687,021	6.7%	12,403,935	121.0%
MA 26	7 Provide for presumptive eligibility for children under XXI Medicaid expansion.	130,944	1.3%	12,534,879	122.3%
MA 27	8 Provide for taking (MAC) infants to 200% FPL.	126,848	1.2%	12,661,727	123.5%
TOTALS		\$12,661,727	123.5%	\$12,661,727	123.5%
FY 2000 APPROPRIATION		\$10,250,000			
FY 2000 ESTIMATED EXPENDITURES		\$10,250,000			
FY 1999 EXPENDITURES		\$4,336,729			

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

JUVENILE INSTITUTIONS - Iowa Juvenile Home, Toledo

APPROPRIATION DESCRIPTION:

This appropriation funds two state juvenile institutions; the Iowa Juvenile Home in Toledo and the State Training School in Eldora.

PROGRAM DESCRIPTION:

The Iowa Juvenile Home at Toledo provides counseling, substance abuse treatment, educational and vocational programs, and health services. Currently, Toledo serves 102 youth including males and females adjudicated child in need of assistance (CINA), as well as females adjudicated delinquent. The 78th General Assembly has directed that Toledo transition to an all-female institution during FY 01.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
To provide a full range of residential treatment services for 58 female youth	\$4,766,822 96.04	74.4%	\$4,766,822 96.04	75.0%	
DECISION PACKAGES IN PRIORITY ORDER:					
1 Restores 18-bed cottage. Budgeted level: 76 youth	761,800 19.00	11.9%	5,528,622 115.04	86.3%	
2 Restores 14-bed cottage. Budgeted level: 90 youth	487,991 12.50	7.6%	6,016,613 127.54	93.9%	
3 Restores 12-bed unit. Budgeted level: 102 youth	360,860 9.00	5.6%	6,377,473 136.54	99.6%	
GA Base CS Base MHI's;SHS's JUV's	4 To provide funding for maintenance and licensing of information technology.	104,490 0.00	1.6%	6,481,963 136.54	101.2%
Current Service Level					
MHI's;SHS's JUV's CCUSO	5 Creation and support of an Electronic Medical Records system for juvenile homes, MHI's, SHS's and CCUSO to create a paperless medical record system.	98,312 0.00	1.5%	6,580,275 136.54	102.7%
TOTALS		\$6,580,275 136.54	102.7%	\$6,580,275 136.54	102.7%

FY 2000 APPROPRIATION	\$6,405,763
FY 2000 ESTIMATED EXPENDITURES	\$6,405,763
FY 2000 AUTHORIZED FTEs	136.54
FY 1999 EXPENDITURES	\$6,105,008

Fiscal Year 2000 State share of cost after reimbursement to general fund:	
Federal Revenue	0%
County Revenue	29%
Other Revenue	3%
Net State Share	68%
Total	100%

JUVENILE INSTITUTIONS - State Training School, Eldora

PROGRAM DESCRIPTION:

The State Training School in Eldora provides counseling, substance abuse treatment, education and vocational programs, and health care services for 209 adjudicated delinquent males.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
To provide supervision, counseling, health services, and support services for 107 male delinquent youth.	\$7,666,149 160.03	77.7%	\$7,666,149 160.03	77.7%	
DECISION PACKAGES IN PRIORITY ORDER:					
1 Restores and annualizes new 24-bed cottage. Budgeted level: 131 youth	716,134 19.50	7.3%	8,382,283 179.53	85.0%	
2 Restores 20-bed cottage. Budgeted level: 151 youth	735,955 18.00	7.5%	9,118,238 197.53	92.4%	
3 Restores 29-bed living unit. Budgeted level: 180 youth	692,305 15.50	7.0%	9,810,543 213.03	99.5%	
4 Restores 29-bed living unit Budgeted level: 209 youth	689,316 14.50	7.0%	10,499,859 227.53	106.5%	
GA Base CS Base MHI's;SHS's JUV's	5 To provide funding for maintenance and licensing of information technology.	100,584 0.00	1.0%	10,600,443 227.53	107.5%
<u>Current Service Level</u>					
MHI's;SHS's JUV's CCUSO	6 Creation and support of an Electronic Medical Records system for Juvenile Homes, MHI's, SHS's and CCUSO to create a paperless medical record system.	201,444 0.00	2.0%	10,801,887 227.53	109.5%
	7 Expansion of security force due to increased incidents of assault.	96,276 3.00	1.0%	10,898,163 230.53	110.5%
	8 Expansion of Aftercare program to 3 additional judicial districts.	110,074 3.00	1.1%	11,008,237 233.53	111.6%
TOTALS					
		\$11,008,237 233.53	111.6%	\$11,008,237 233.53	111.6%

FY2000 APPROPRIATION	\$9,863,247
FY2000 ESTIMATED EXPENDITURES	\$9,863,247
FY2000 AUTHORIZED FTEs	219.91
FY1999 EXPENDITURES	\$9,153,842

Fiscal Year 2000 State share of cost after reimbursement to general fund:	
Federal Revenue	0%
County Revenue	0%
Other Revenue	11%
Net State Share	89%
Total	100%

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

CHILD AND FAMILY SERVICES (CFS)

APPROPRIATION DESCRIPTION:

The Child and Family Services appropriation provides funds for an array of child welfare and juvenile justice services and for activities to support those services. Services are designed to strengthen families, protect children from abuse and neglect, improve child well-being, provide permanent homes for children who can't return home, and improve community safety.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
Applies to Base & DP1					
BASE					
CS Base-1 MA Base- 5, 9-18 MC Base, 4, 6-16 GA Base FO Base-34	Funds all services and support at 75% of the FY 00 appropriation level.	\$72,472,242	67.4%	\$72,472,242	67.4%
	DECISION PACKAGES IN PRIORITY ORDER				
	1 Restore funding to 100% of the FY 00 appropriation level.	34,977,758	32.6%	107,450,000	100.0%

Together, Base and DP1 provide funding to maintain all services and support at the FY 00 appropriation level.

	FY 2001 \$	FY 2001 Cases	FY 2000 Cases	FY 1999 Cases
Promoting Safe and Stable Families	2,249,164			
Decategorization	2,069,631	N/A	N/A	N/A
Medical Exams/Child Abuse Hotline	106,775			
Protective Child Care	3,696,286	1,348	1,348	1,348
Family Centered Services	35,816,711	5,883	5,883	5,584
Girl's Day Treatment	639,808	71	100	-
Family Preservation Services	3,674,697	143	143	159
Wraparound	2,233,139	N/A	N/A	N/A
School Based Supervision	2,878,000	252	252	107
Adolescent Monitoring	4,151,673	345	345	345
Supervised Community Treatment	5,494,197	285	285	285
Life Skills	537,500	539	539	539
Court Ordered Services	3,290,000	N/A	N/A	N/A
Foster Family Care	35,230,421	2,737	2,737	2,922
Parent-Child Visitation	160,000			
Foster Parent Training	490,531			
IFAPA Contract	1,146,500			
Foster Parent Insurance	185,500			
Shelter Care	8,824,259	303	303	303
Group Care	48,066,527	1,133	1,133	1,113
PMIC	17,601,462	336	336	336
Permanency Planning/TPR	359,454			
Subsidized Guardianship	1,263,601	154	200	-
Adoption Recruitment	664,079			
Adoption Services	905,995			
Subsidized Adoption	25,278,791	3,548	3,548	2,554
AG for TPR Appeals	44,000			
Independent Living	2,096,956	120	120	95
Child Welfare Training	839,920			
Results Based Accountability	186,364			
FACS	1,035,092			
IFMC Service Authorization	1,061,997			

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

CHILD AND FAMILY SERVICES

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DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
	FY 2001 \$	FY 2001 Cases	FY 2000 Cases	FY 1999 Cases
RTS TA/QA, Fiscal Support	1,076,228	N/A	N/A	N/A
SSI Contract	275,000			
Total Base and Decision Package 1	213,630,255	17,197	17,272	15,690
Less federal/other funds	106,180,255			
Net state share of Base and Decision Package 1	\$107,450,000	17,197	17,272	15,690
Notes:				
o Federal/other funds include IVE, SSBG, IVB, Medicaid earned under EPSDT, TANF (\$23,791,419) SSI, parental liability, and child support.				
o N/A: Not Applicable				
2 Adjustment for increase in percentage of children eligible for federal financial participation. (TXIX, IVE)	(2,983,463)	-2.8%	104,466,537	97.2%
3 Adjustment for reduction in FMAP rate. (TXIX, IVE)	455,707	0.4%	104,922,244	97.6%
4 Adjustment for enhanced match rate for IFMC service authorization. (TXIX)	(252,309)	-0.2%	104,669,935	97.4%
FO Base-4 5a Provide funds to maintain services at the FY 99 actual average caseload level and annualize girl's day treatment. (TXIX, IVE)	1,577,471	1.5%	106,247,406	98.9%
FO Base-4 5b Provide funds to maintain subsidized guardianship services at the annualized FY 00 projected caseload level.	389,360	0.4%	106,636,766	99.2%
FO Base-4 5c Provide funds to maintain PMIC services at the FY 00 projected service level. (TXIX)	703,618	0.7%	107,340,384	99.9%
6 Provide funds to maintain 70% USDA for adoption, family foster care, and independent living maintenance. (IVE)	609,759	0.6%	107,950,143	100.5%
7 Provide funds to maintain child welfare accountability activities related to child safety, permanency, and well-being; including state and local results-based reports and quality service reviews to improve practice. (IVE)	213,728	0.2%	108,163,871	100.7%
8 Fund adoption subsidy at projected FY 01 caseload level. (IVE)	2,319,625	2.2%	110,483,496	102.8%

CHILD AND FAMILY SERVICES

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DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
9 Continue Mediation for Permanency project to address barriers to achieving permanency, currently funded through a 3 year federal grant that expires in FY 01. This project has been effective in reducing the time to permanency. (IVE)	122,130	0.1%	110,605,626	102.9%
10 Provide funds to transition 34 Toledo CINA boys to alternative settings during FY 01. (IVE, T19)	829,162	0.8%	111,434,788	103.7%
11 Restore Social Services Block Grant funds reduced by federal legislation effective October 1, 2000. (\$95,374 TANF)	0	0.0%	111,434,788	103.7%
Current Service Level				
12 Provide additional state match required for federal IVB Promoting Safe and Stable Families Programs. Target funds for child welfare-substance abuse partnerships in 5 sites to improve safety and permanency for children when parental abuse of alcohol or other drugs is a contributing factor in child abuse and neglect. Funds could be used for such activities as improving screening and assessment of parental alcohol or drug abuse in child welfare cases, improving screening and assessment of child safety when parents abuse alcohol or other drugs, cross training, and promoting client retention in alcohol/substance abuse treatment and supporting ongoing recovery. (IVB)	118,642	0.1%	111,553,430	103.8%
13 Improve positive youth development and school discipline by adding 52 liaisons to the school based supervision program, as part of multi-year plan to take program statewide.	1,370,000	1.3%	112,923,430	105.1%
14a Provide funding for post-adoption case management and services, using individualized needs-based planning and flexible funding to purchase support and services that are not otherwise available through traditional funding streams. (IVE)	653,485	0.6%	113,576,915	105.7%
14b Enhance foster/adoption parent training by implementing a comprehensive, nationally recognized curriculum to improve preparation and skills around serving special needs children and helping children achieve permanency. (IVE)	168,042	0.2%	113,744,957	105.9%

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
15 Add attorney to reduce time for processing abuse expungement requests.	48,713	0.0%	113,793,670	105.9%
16 Fund contract foster homes, to the extent they meet a community need, through redirecting dollars from other services. (IVE)	(770,831)	-0.7%	113,022,839	105.2%
17 Reduce funding for RTS TA/QA by 10%, to reflect plan to deem accredited providers.	(38,828)	0.0%	112,984,011	105.2%
18 Fund decategorization services and support with carryover dollars or dollars redirected from other services.	(2,069,631)	-1.9%	110,914,380	103.2%
19 Fund girl's day treatment through existing funding for day treatment (i.e., supervised community treatment and family centered services). (EPSDT)	(672,982)	-0.6%	110,241,398	102.6%
20 Reimburse county detention facilities (per Section 232.142 of the Code of Iowa. (Funded in FY 99 through license reinstatement fines.)	3,729,163	3.5%	113,970,561	106.1%
	\$113,970,561	106.1%	\$113,970,561	106.1%

FY2000 APPROPRIATION \$107,450,000
 FY2000 ESTIMATED EXPENDITURES \$107,450,000
 FY1999 EXPENDITURES \$96,106,189

COMPARISON OF IOWA'S FOSTER FAMILY PAYMENT RATE TO THE USDA ESTIMATED COST OF RAISING A CHILD

AGE	FY2000 RATE 70% USDA	FY2001 100% USDA	FY 2001 70% USDA
0-5	\$13.79	\$19.99	\$14.00
6-11	\$14.54	\$21.11	\$14.78
12-15	\$16.28	\$23.61	\$16.53
16-20	\$16.32	\$23.61	\$16.53

CHILD AND FAMILY SERVICES

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FY 2001 CASELOADS

Program	Base & DP1	DP #5a	DP #5b	DP #5c	DP #10	DP #20	DP #14	Total
Protective Day Care	1,348							1,348
Family Centered Services	5,883	158						6,041
Girl's Day Treatment	71	29				(100)		-
Family Preservation Services	143	(20)						123
School Based Supervision	252						52	304
Adolescent Monitoring	345							345
Supervised Community Treatment	285							285
Life Skills	539							539
Foster Family Care	2,737	(15)						2,722
Shelter Care	303							303
Group Care	1,133							1,133
PMIC	336			36				372
Subsidized Guardianship	154		46					200
Subsidized Adoption	3,548				754			4,302
Independent Living	120							120
Total	17,197	152	46	36	754	(100)	52	18,137

CHILD CARE SERVICES

APPROPRIATION DESCRIPTION:

Child Care Services provides child care for low-income working parents or for parents in education for training for a portion of the day, but less than 24 hours. Services may be provided in the child's own home, in a registered or non-registered family day care home, in a registered group day care home, or in a licensed center. Also included is the child care resource and referral grant program. Funding for Child Care Services includes: state appropriation, federal Child Care and Development Fund (CCDF), and TANF.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
	FY 1999	FY 2000	FY 2001	
	# Cases	# Cases	# Cases	
Number of Cases				
Child Care Assistance	9,035	11,988	13,221	
Transitional Child Care	1,302	-	-	

BASE

FO Base-4	Provides funding for Child Care Assistance at 140% of the federal poverty level, including child care for children in Foster Care, and federal match for PROMISE JOBS at FY 00 appropriated level (CCDF, TANF).	\$4,414,109	87.4%	\$4,414,109	87.4%
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DECISION PACKAGES IN PRIORITY ORDER:

1	Fund Resource & Referral at the FY 00 level (CCDF).	636,641	12.6%	5,050,750	100.0%
2	Maintain provider rates at the 75th percentile based on the 98 Provider Rate Survey. (\$2,111,676 TANF)	0	0.0%	5,050,750	100.0%

Current Service Level

3	Design a comprehensive management information system (MIS) for child care that supports "multiple points of access", as well as client eligibility, co-pay determination, provider payment, regulation, and data-based decision-making (\$75,000 TANF).	0	0.0%	5,050,750	100.0%
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TOTALS	\$5,050,750	100.0%	\$5,050,750	100.0%
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FY2000 APPROPRIATION	\$5,050,750
FY 2000 ESTIMATED EXPENDITURES	\$5,050,750
FY 1999 EXPENDITURES	\$8,734,210

CHILD CARE SERVICES

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Child Care Services - Estimated Federal Funding FFY 01:

Current Federal Funding for service	\$24,925,308
Minimum 4% and Earmarked Quality Set Aside	3,617,804
Maximum 5% Admin. Set Aside	1,846,759
Child Care Asst. - TANF transfer for state	5,000,000
Child Care Asst. - TANF transfer for SSBG	1,214,089
Child Care Asst. - TANF transfer - Child Care Assistance	5,502,008
Child Care Asst. - TANF transfer - Seamless child care	3,000,000
Child Care Asst. - TANF transfer - FIP disregard	2,066,794
Child Care Asst. - TANF transfer - Provider rate increase	2,111,676
Child Care Asst. - TANF transfer - MIS system	75,000
Federal Funds FFY 01	\$49,359,438

NOTE:

This budget request does not include the statutory Day Care Credit Fund transfer of \$2,600,000.

COMMUNITY BASED PROGRAMS (PREVENTION SERVICES)

APPROPRIATION DESCRIPTION:

This appropriation funds efforts to strengthen families and prevent negative outcomes for children. Child Abuse Prevention and Teen Pregnancy Prevention grants focus on comprehensive, coordinated community-based efforts. Family Planning services provide education, social and medical services.

DESCRIPTION	PACKAGES		TOTALS	
	\$	% of FY00	\$	% of FY00
DECISION PACKAGES IN PRIORITY ORDER:				
1 Fund Child Abuse Prevention programs at FY 00 level to provide parenting education and home visitor programs to approximately 9,000 families; and crisis nurseries, respite care, and sex abuse prevention education to over 28,750 children.	\$731,000 0.00	72.3%	\$731,000 0.00	72.3%
2 Fund Teen Pregnancy Prevention grants at FY 00 level for local prevention and service programs for teens and their parents, statewide media campaign, and evaluation. (\$760,366 TANF)	280,424 1.00	27.7%	1,011,424 1.00	100.0%
3 Fund SSBG Family Planning services at FY 00 level to approximately 10,000 income eligible persons. (\$1,198,613 TANF)	0 0.00	0.0%	1,011,424 1.00	100.0%
4 Restore Social Services Block Grant funds reduced by federal legislation effective October 1, 2000. (\$8,499 TANF)	0 0.00	0.0%	1,011,424 1.00	100.0%
Current Service Level				
5 Suspend funding teen pregnancy prevention evaluation contract for one year.	(32,000) 0.00	-3.2%	979,424 1.00	96.8%
6 Increase funding for Teen Pregnancy Prevention grants. (\$500,000 TANF)	0 0.00	0.0%	979,424 1.00	96.8%
TOTALS	\$979,424 1.00	96.8%	\$979,424 1.00	96.8%
FY 2000 APPROPRIATION	\$1,011,424			
FY 2000 ESTIMATED EXPENDITURES	\$1,011,424			
FY 2000 AUTHORIZED FTEs	1.00			
FY 1999 EXPENDITURES	\$916,562			

FAMILY SUPPORT PROGRAMS

APPROPRIATION DESCRIPTION:

The Family Support Program assists families whose children have disabilities by providing an array of in-home and out-of-home support services to prevent temporary or long-term residential care.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
FO Base-3	Provide subsidy payments for 379 children with an educational handicap or a physical determined developmental disability. Maintains current waiting list of 265 children.	\$1,520,000	85.1%	\$1,520,000	85.1%
DECISION PACKAGES IN PRIORITY ORDER:					
1	Maintain the Children-At-Home pilot at FY 00 levels.	267,000	14.9%	1,787,000	100.0%
2	Provide a cost of living increase required by State statute. [^]	19,693	1.1%	1,806,693	101.1%
<u>Current Service Level</u>					
FO 8	3 Provide subsidy payments to an additional 100 children.	405,204	22.7%	2,211,897	123.8%
TOTALS		\$2,211,897	123.8%	\$2,211,897	123.8%

FY 2000 APPROPRIATION	\$1,787,000
FY 2000 ESTIMATED EXPENDITURES	\$1,787,000
FY 1999 EXPENDITURES	\$1,706,696

[^] FY 01 Estimated COLA = 1.3%
 FY 00 Cost per case = \$333.34 * 1.3% = \$4.33 increase per case
 \$4.33 * 379 children = \$19,693

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

REACTIVE ATTACHMENT DISORDER

APPROPRIATION DESCRIPTION:

The Reactive Attachment Disorder appropriation provides training and education to those who provide services through the Department to children with reactive attachment disorder.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
Provides funding for Reactive Attachment Disorder training at the FY 00 appropriation level.	\$60,000	100.0%	\$60,000	100.0%
DECISION PACKAGE IN PRIORITY ORDER:				
Current Service Level				
1 Eliminates funding for the Reactive Attachment Disorder training.	(60,000)	-100.0%	0	0.0%
TOTALS	\$0	0.0%	\$0	0.0%
<hr/>				
FY 2000 APPROPRIATION	\$60,000			
FY 2000 ESTIMATED EXPENDITURES	\$60,000			
FY 1999 EXPENDITURES	\$0			

MENTAL HEALTH INSTITUTES - Cherokee

APPROPRIATION DESCRIPTION:

This appropriation supports the state's four mental health institutes at Cherokee, Clarinda, Independence, and Mt. Pleasant. These institutes, together, provide a full range of psychiatric and substance abuse services in an inpatient residential setting for persons with mental illness for whom community resources are not available. The institutes also provide limited outpatient services. Two of the institutes, Clarinda and Mt. Pleasant, share campuses and selected support resources with adult correctional facilities operated by the Department of Corrections.

PROGRAM DESCRIPTION:

The mental health institute at Cherokee has an operating capacity in FY 00 of 97 beds: (83 adult psychiatric; 14 children and adolescent). For FY 01 the operating capacity will remain at 97 beds.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
To provide for the operation of 68 adult psychiatric beds.	\$9,759,004 180.24	75.6%	\$9,759,004 180.24	75.6%	
DECISION PACKAGES IN PRIORITY ORDER:					
1 Restores 15 beds to the adult psychiatric unit.	1,264,763 27.00	9.8%	11,023,767 207.24	85.3%	
2 Restores 10 adolescent beds to the children and adolescent program.	1,297,328 25.00	10.0%	12,321,095 232.24	95.4%	
3 Restores 4 children's beds to the children and adolescent program.	684,094 17.00	5.3%	13,005,189 249.24	100.7%	
4 To provide funding for maintenance and licensing of information technology.	201,169 0.00	1.6%	13,206,358 249.24	102.2%	
GA Base CS Base MHI's;SHS's JUV's	Current Service Level				
MHI's;SHS's JUV's CCUSO	5 Creation and support of an Electronic Medical Records system for Juvenile Homes, MHI's, SHS's and CCUSO to create a paperless medical record system.	93,493 0.00	0.7%	13,299,851 249.24	103.0%
	6 Physician Assistant Program. (5 PA's for full year; 1/2 Training Director for full year).	349,080 0.50	2.7%	13,648,931 249.74	105.7%
TOTALS		\$13,648,931 249.74	105.7%	\$13,648,931 249.74	105.7%

FY 2000 APPROPRIATION	\$12,916,682
FY 2000 ESTIMATED EXPENDITURES	\$12,916,682
FY 2000 AUTHORIZED FTEs	249.24
FY 1999 EXPENDITURES	\$13,246,960

Fiscal Year 2000 State share of cost after reimbursement to general fund:	
Federal Revenue	11%
County Revenue	23%
Other Revenue	4%
Net State Share	63%
Total	100%

MENTAL HEALTH INSTITUTES - Clarinda

PROGRAM DESCRIPTION:

The mental health institute at Clarinda has an operating capacity in FY 00 of 83 beds: 20 adult psychiatric and 63 geropsychiatric. For FY 01 the operating capacity will remain at 83 beds.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
To provide for the operation of a 21-bed geropsychiatric program and a 20-bed adult psychiatric program.	\$5,432,215 102.27	75.0%	\$5,432,215 102.27	75.0%	
DECISION PACKAGES IN PRIORITY ORDER:					
1 Restores 21-bed unit to geropsychiatric treatment program.	1,028,054 20.00	14.2%	6,460,269 122.27	89.2%	
2 Restores 21-bed unit to geropsychiatric treatment program.	803,194 16.32	11.1%	7,263,463 138.59	100.3%	
3 To provide funding for maintenance and licensing of information technology.	54,687 0.00	0.8%	7,318,150 138.59	101.0%	
GA Base CS Base MHI's;SHS's JUV's	Current Service Level				
MHI's;SHS's JUV's CCUSO	4 Creation and support of an Electronic Medical Records system for Juvenile Homes, MHI's, SHS's and CCUSO to create a paperless medical record system.	79,999 0.00	1.1%	7,398,149.00 138.59	102.1%
TOTALS		\$7,398,149 138.59	102.1%	\$7,398,149 138.59	102.1%

FY 2000 APPROPRIATION	\$7,242,953
FY 2000 ESTIMATED EXPENDITURES	\$7,242,953
FY 2000 AUTHORIZED FTEs	138.59
FY 1999 EXPENDITURES	\$6,986,990

Fiscal Year 2000 State share of cost after reimbursement to general fund:	
Federal Revenue	7%
County Revenue	50%
Other Revenue	1%
Net State Share	42%
Total	100%

MENTAL HEALTH INSTITUTE - Independence

PROGRAM DESCRIPTION:

The mental health institute at Independence has an operating capacity in FY 00 of 181 beds: 98 hospital beds for adult psychiatric, both open and closed; 20 hospital beds for adolescents comprised of acute, subacute, and intensive residential; 33 hospital beds for children comprised of acute, subacute, and intensive residential; and a 30 bed Psychiatric Medical Institution for Children (PMIC). For FY 01 the operating capacity will remain at 181.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY 00	\$	% of FY 00	
BASE					
To provide for the operation of a 98-bed adult psychiatric hospital	\$12,900,000 236.00	72.8%	\$12,900,000 236.00	72.8%	
DECISION PACKAGES IN PRIORITY ORDER:					
1 Restores 33-bed children's program and 20-bed adolescent program comprised of acute, subacute, and intensive residential services.	4,504,876 101.23	25.4%	17,404,876 337.23	98.2%	
2 Restores 30-bed PMIC for children and adolescents. (net budget)	420,000 21.50	2.4%	17,824,876 358.73	100.5%	
3 To provide funding for maintenance and licensing of information technology.	137,693 0.00	0.8%	17,962,569 358.73	101.3%	
GA Base CS Base MHI's;SHS's JUV's					
Current Service Level					
MHI's;SHS's JUV's CCUSO	4 Creation and support of an Electronic Medical Records system for Juvenile Homes, MHI's, SHS's and CCUSO to create a paperless medical record system.	294,456 2.00	1.7%	18,257,025 360.73	103.0%
TOTALS					
		\$18,257,025 360.73	103.0%	\$18,257,025 360.73	103.0%

FY 2000 APPROPRIATION	\$17,727,938	Fiscal Year 2000 State share of cost after reimbursement to general fund:	
FY 2000 ESTIMATED EXPENDITURES	\$17,727,938		
FY 2000 AUTHORIZED FTEs	358.73		
FY 1999 EXPENDITURES	\$17,492,678		
		Federal Revenue	18%
		County Revenue	9%
		Other Revenue	2%
		Net State Share	71%
		Total	100%

MENTAL HEALTH INSTITUTES - Mt. Pleasant

PROGRAM DESCRIPTION:

The mental health institute at Mt. Pleasant has an operating capacity in FY 00 of 89 beds: 14 adult psychiatric, 60 substance abuse, and 15 dual diagnosis. For FY 01, the operating capacity will remain at 89 beds.

DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
BASE					
To provide for the operation of a 14-bed adult psychiatric program and 15-bed dual diagnosis program (net budget).		\$4,004,624	73.5%	\$4,004,624	73.5%
		77.83		77.83	
DECISION PACKAGES IN PRIORITY ORDER:					
1 Restores 30-bed substance abuse unit.		891,706	16.4%	4,896,330	89.8%
		19.00		96.83	
2 Restores 30-bed substance abuse unit.		577,317	10.6%	5,473,647	100.4%
		13.00		109.83	
GA Base CS Base MHI's,SHS's JUV's	3 To provide funding for maintenance and licensing of information technology.	48,827	0.9%	5,522,474	101.3%
		0.00		109.83	
Current Service Level					
MHI's,SHS's JUV's CCSUO	4 Creation and support of an Electronic Medical Records system for Juvenile Homes, MHI's, SHS's and CCSUO to create a paperless medical record system.	85,782	1.6%	5,608,256	102.9%
		0.00		109.83	
TOTALS		\$5,608,256	102.9%	\$5,608,256	102.9%
		109.83		109.83	

FY 2000 APPROPRIATION	\$5,451,463
FY 2000 ESTIMATED EXPENDITURES	\$5,451,463
FY 2000 AUTHORIZED FTEs	109.83
FY 1999 EXPENDITURES	\$5,159,314

Fiscal Year 2000 State share of costs after reimbursement to general fund:	
Federal Revenue	7%
County Revenue	18%
Other Revenue	3%
Net State Share	72%
Total	100%

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

Sexually Violent Predator Program - Oakdale

APPROPRIATION DESCRIPTION:

The program is designed to provide long term care and treatment of sexually violent predators. Persons committed will be housed at the Iowa Medical Classification Center at Oakdale. It is projected that 7 to 11 persons will be committed to the program in FY 00 with the population potentially expanding up to 22 in FY 01.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
To provide funding for the program at 75% of FY 00 level.	\$1,154,350 15.00	75.4%	\$1,154,350 15.00	75.4%
DECISION PACKAGES IN PRIORITY ORDER:				
1 Restores program to 100% of FY 00 level.	382,750 5.00	25.0%	1,537,100 20.00	100.4%
2 Provide funding for increase in DOC contract reimbursement.	43,800 0.00	2.9%	1,580,900 20.00	103.3%
Current Service Level				
3 Funding for 10 additional patients.	72,800 0.00	4.8%	1,653,700 20.00	108.0%
MHI's;SHS's JUV's 4 Creation and support of an Electronic Medical Records system for Juvenile Homes, MHI's, SHS's and CCUSO to create a paperless medical record system.	19,277 0.00	1.3%	1,672,977 20.00	109.3%
5 Technology costs for network (fiber, servers).	67,656 0.00	4.4%	1,740,633 20.00	113.7%
6 Remodeling costs associated with move to needed additional space at Oakdale.	55,000 0.00	3.59%	1,795,633 20.00	117.3%
TOTALS				
	\$1,795,633 20.00	117.3%	\$1,795,633 20.00	117.3%
FY 2000 APPROPRIATION		\$1,531,000		
FY 2000 ESTIMATED EXPENDITURES		\$1,531,000		
FY 2000 AUTHORIZED FTEs		20.00		
FY 1999 EXPENDITURES		\$526,415		

HOSPITAL SCHOOLS FOR THE MENTALLY RETARDED - Glenwood

APPROPRIATION DESCRIPTION:

This appropriation supports the two state hospital schools for persons with mental retardation located in Glenwood and Woodward.

PROGRAM DESCRIPTION:

The hospital school at Glenwood provides diagnostic evaluation, treatment, training, care, habilitation, and support to persons with mental retardation who need these services. The operating bed capacity at Glenwood during FY 00 will be at 405. The operating bed capacity at Glenwood for FY 01 will remain at 405.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
To provide for the operation of 15 living units with a total of 225 ICF/MR certified beds.	\$2,149,065 615.75	64.5%	\$2,149,065 615.75	64.5%	
DECISION PACKAGES IN PRIORITY ORDER:					
1 Restores 4 living units (60 beds) where active treatment is provided consistent with ICF/MR standards.	252,954 87.00	7.6%	2,402,019 702.75	72.1%	
2 Restores 4 living units (60 beds) where active treatment is provided consistent with ICF/MR standards.	257,184 88.00	7.7%	2,659,203 790.75	79.8%	
3 Restores 4 living units (60 beds) where active treatment is provided consistent with ICF/MR standards.	236,028 87.00	7.1%	2,895,231 877.75	86.9%	
GA Base CS Base MHI's;SHS's JUV's 4 To provide funding for maintenance and licensing of information technology.	502,921 0.00	15.1%	3,398,152 877.75	102.0%	
Current Service Level					
MHI's;SHS's JUV's CCSUO 5 Creation and support of an Electronic Medical Records system for Juvenile Homes, MHI's, SHS's and CCSUO to create a paperless medical record system.	390,358 0.00	11.7%	3,788,510 877.75	113.8%	
TOTALS		\$3,788,510 877.75	113.8%	\$3,788,510 877.75	113.8%

FY 2000 ADJUSTED APPROPRIATION	\$3,330,401	Fiscal Year 2000 State share of cost after reimbursement to appropriation:	
FY 2000 ESTIMATED EXPENDITURES	\$3,130,401		
FY 2000 AUTHORIZED FTEs	877.75		
FY 1999 EXPENDITURES	\$2,506,144		
		Federal Revenue	62%
		County Revenue	24%
		Other Revenue	7%
		Net State Share	7%
		Total	100%

HOSPITAL SCHOOLS FOR THE MENTALLY RETARDED - Woodward

PROGRAM DESCRIPTION:

The hospital school at Woodward provides diagnostic evaluation, treatment, training, care, habilitation, and support to persons with mental retardation who need these services. The operating bed capacity at Woodward during FY 00 will be at 280. The operating bed capacity at Woodward for FY 01 will remain at 280.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS		
	\$	% of FY00	\$	% of FY00	
BASE					
To provide for the operation of 9 living units with a total of 133 beds.	\$1,413,800	57.8%	\$1,413,800	57.8%	
	494.76		494.76		
DECISION PACKAGES IN PRIORITY ORDER:					
1 Restores 3 living units (44 beds) where active treatment is provided consistent with ICF/MR standards.	126,300	5.2%	1,540,100	63.0%	
	48.00		542.76		
2 Restores 3 living units (44 beds) where active treatment is provided consistent with ICF/MR standards.	160,230	6.6%	1,700,330	69.5%	
	63.00		605.76		
3 Restores 4 living units (59 beds) where active treatment is provided consistent with ICF/MR standards.	184,737	7.6%	1,885,067	77.1%	
	71.00		676.76		
GA Base CS Base MHI's;SHS's JUV's	4 To provide funding for maintenance and licensing of information technology.	232,418	9.5%	2,117,485	86.6%
		0.00	676.76		
Current Service Level					
MHI's;SHS's JUV's CCUSO	5 Creation and support of an Electronic Medical Records system for Juvenile Homes, MHI's, SHS's and CCUSO to create a paperless medical record system.	389,877	15.9%	2,507,362	102.6%
		2.00	678.76		
TOTALS		\$2,507,362	102.6%	\$2,507,362	102.6%
		678.76		678.76	

FY2000 APPROPRIATION	\$2,444,950	Fiscal Year 2000 State share of cost after reimbursement to appropriation: Federal Revenue 51% County Revenue 28% Other Revenue 13% Net State Share 8% Total 100%
FY 2000 ESTIMATED EXPENDITURES	\$2,444,950	
FY 2000 AUTHORIZED FTEs	676.76	
FY 1999 EXPENDITURES	\$2,188,268	

MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES COMMUNITY SERVICES FUND

APPROPRIATION DESCRIPTION:

This appropriation was created as an integral part of the MH/DD initiative to increase state financial participation in MH/MR/DD services, combine funding streams to create greater flexibility, provide incentive for the development and delivery of contemporary services and encourage local governments to pool fiscal and planning resources to increase efficiencies. The majority of this fund is allocated to the counties to provide MH/DD discretionary services which meet criteria consistent with the initiative objectives. Funding will be used to assist and support the Iowa Compass Information and Referral System, an important resource for DHS Case Workers, Case Managers and others providing services for persons with disabilities.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
Restores 75% of the MH/DD allocation to counties for community services. (\$3,867,402 TANF)	\$13,170,000	75.0%	\$13,170,000	75.0%
DECISION PACKAGES IN PRIORITY ORDER:				
1 Restores funding to counties for MH/DD allocation up to 87.5%.	2,195,000	12.5%	15,365,000	87.5%
2 Restores funding to counties for MH/DD allocation up to 100%.	2,195,000	12.5%	17,560,000	100.0%
3 Restore Social Services Block Grant funds reduced by federal legislation effective October 1, 2000. (\$753,447 TANF)	0	0.0%	17,560,000	100.0%
RSS #1 4 Transfer of funds from Reimbursement - Social Services Appropriation.	2,000,000	11.4%	19,560,000	111.4%
TOTALS				
	\$19,560,000	111.4%	19,560,000	111.4%

FY 2000 APPROPRIATION \$17,560,000
 FY 2000 ESTIMATED EXPENDITURES \$17,560,000
 FY 1999 EXPENDITURES \$17,560,000

DD SPECIAL NEEDS GRANTS/PROJECTS

APPROPRIATION DESCRIPTION:

Special Needs Grants are provided to families with a family member at home who has a developmental disability or to an individual with developmental disability. The grants must be used by a family or individual to defray special costs of caring for a person with a disability, to prevent out-of-home placement or to assist an individual with independent living costs.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
Provide funds for an estimated 100 grants to families with a family member at home or a person with a developmental disability.	\$53,212	100.0%	\$53,212	100.0%
TOTALS	\$53,212	100.0%	\$53,212	100.0%
FY 2000 APPROPRIATION	\$53,212			
FY 2000 ESTIMATED EXPENDITURES	\$53,212			
FY 1999 EXPENDITURES	\$53,212			

MENTAL ILLNESS SPECIAL SERVICES FUND

APPROPRIATION DESCRIPTION:

This fund addresses specialized community housing issues on behalf of persons with psychiatric illnesses. Emphasis is placed on facilitating access to independent living opportunities, bridging the gaps in housing assistance programs, or other creative housing initiatives.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
To continue to develop community based living opportunities for an estimated 18 persons with mental illness.	\$90,916	75.0%	\$90,916	75.0%
DECISION PACKAGE IN PRIORITY ORDER:				
1 To continue to develop community based living opportunities for an estimated 6 persons with mental illness.	30,304	25.0%	121,220	100.0%
TOTALS	\$121,220	100.0%	\$121,220	100.0%
FY 2000 APPROPRIATION	\$121,220			
FY 2000 ESTIMATED EXPENDITURES	\$121,220			
FY 1999 EXPENDITURES	\$114,199			

CONNER FUNDING

APPROPRIATION DESCRIPTION:

To provide funding for the training consortium provided for under the Conner Consent Decree.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
Provide funding to support the responsibilities of the Department under the Conner Consent Decree.	\$46,000	100.0%	\$46,000	100.0%
TOTALS				
	\$46,000	100.0%	\$46,000	100.0%
FY 2000 APPROPRIATION	\$46,000			
FY 2000 ESTIMATED EXPENDITURES	\$46,000			
FY 1999 EXPENDITURES	\$46,000			

PERSONAL ASSISTANCE SERVICES

APPROPRIATION DESCRIPTION:

Personal assistance services assist individuals with a disability with tasks which they would typically do if the individual did not have a disability. These support services are intended to enable individuals with a disability to live in their own home rather than in an institutional setting. With this type of assistance, people with disabilities are empowered to live more independently within their community.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
Provides funding for approximately 32 program recipients for the year.	\$273,000	75.0%	\$273,000	75.0%
DECISION PACKAGE IN PRIORITY ORDER:				
1 Provides services to 10 people returning this request to current level of service.	91,000	25.0%	364,000	100.0%
TOTALS	\$364,000	100.0%	\$364,000	100.0%

FY 2000 APPROPRIATION	\$364,000
FY 2000 ESTIMATED EXPENDITURES	\$364,000
FY 1999 EXPENDITURES	\$333,498

MH/MR/DD STATE CASES

APPROPRIATION DESCRIPTION:

The State Case Program operates in conjunction with county funded services for persons with mental illness, mental retardation or other developmental disabilities. The program pays for services for residents who do not have legal settlement in the county, when that county would be liable to provide the service because the county is providing it to other residents who do have legal settlement.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
Funds 75% of all MI, MR, and DD cases	\$7,567,500	75.0%	\$7,567,500	75.0%
DECISION PACKAGES IN PRIORITY ORDER:				
1 Funds all MI, MR, and DD cases at current level of funding.	2,522,500	25.0%	10,090,000	100.0%
<u>Current Service Level</u>				
2 Funds increasing need in MI case load	5,710,000	56.6%	15,800,000	156.6%
TOTALS				
	\$15,800,000	156.6%	\$15,800,000	156.6%

FY 2000 APPROPRIATION \$10,090,000
 FY 2000 ESTIMATED EXPENDITURES \$11,219,158
 FY 1999 EXPENDITURES \$10,786,849

REIMBURSEMENT - SOCIAL SERVICES

APPROPRIATION DESCRIPTION:

For costs of reimbursement increase for sheltered work, work activity, supported employment, job placement, enclave, adult day care, transportation, community supervised apartment living arrangements, and adult residential services paid by a county under a state purchase of service (POS) or county contract.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE				
To provide services at the same level as SFY 00.	\$2,000,000	100.0%	\$2,000,000	100.0%
DECISION PACKAGE IN PRIORITY ORDER:				
MH/DDCS, 4 1 To transfer funds to MH/DD Community Services fund.	(2,000,000)	-100.0%	0	0.0%
TOTALS				
	\$0	0.0%	\$0	0.0%

FY 2000 APPROPRIATION \$2,000,000
 FY 2000 ESTIMATED EXPENDITURES \$2,000,000
 FY 1999 EXPENDITURES N/A

FIELD OPERATIONS

APPROPRIATION DESCRIPTION:

The five regional administrators are responsible for the delivery of the programs and services defined and developed by the Division of Adult, Children, and Family Services; Economic Assistance; Medical Services; and Mental Health/Developmental Disabilities. There are 107 field sites located throughout the state in a five-region structure. The scope of the programs determines the number and type of field staff necessary. Each type of client assistance requires different amounts of staff work based on the complexity of the eligibility determination, the frequency of client contacts, and the intensity and coordination of the services.

DESCRIPTION		DECISION PACKAGES \$	% of FY00	CUMULATIVE TOTALS \$	% of FY00
BASE					
FIP/PJ Base	Provides staff and support for	\$38,960,991	75.0%	\$38,960,991	75.0%
MA Base-3	mandatory and current optional	1,653.00		1,653.00	
CHIP 1	service and IM programs at a level of				
FSP Base	351 IM cases per worker, 135 non-abuse				
CC Base	service and 10 abuse assessments per				
SS Base	worker.				
CFS Base, 1	(\$12,232,744 TANF)				
5a,5b,5c					
EA Base, 2					
DECISION PACKAGES IN PRIORITY ORDER:					
Same as Base	1 Provides staff and support for	5,326,431	10.3%	44,287,422	85.2%
	mandatory and current optional service	169.50		1,822.50	
	and IM programs at a level of 307 IM				
	cases per worker, 120 non-abuse service				
	and 10 abuse assessments per worker.				
Same as Base	2 Provides staff and support for	5,193,268	10.0%	49,480,690	95.2%
	mandatory and current optional service	170.50		1,993.00	
	and IM programs at a level of 274 IM				
	cases per worker, 109 non-abuse service				
	and 10 abuse assessments per worker.				
Same as Base	3 Provides staff and support for	3,011,903	5.8%	52,492,593	101.0%
	mandatory and current optional service	83.00		2,076.00	
	and IM programs at a level of 259 IM				
	cases per worker, 104 non-abuse service				
	and 10 abuse assessments per worker.				
Same as Base	4 Reallocates IM positions to Service positions	(111,751)	-0.2%	52,380,842	100.8%
	to address shifts in workload. Changes the	0.00		2,076.00	
	caseloads to 271 for IM and 100 for non-abuse				
	service.				
	5 Funding to improve payment accuracy in the	350,000	0.7%	52,730,842	101.5%
	food stamp program as required by the US	1.00		2,077.00	
	Department of Agriculture.				
	Funded in FY 00 by rollover from the Rebuild				
	Iowa Infrastructure fund.				

Iowa Council on Human Services Budget Recommendation for Fiscal Year 2001

FIELD OPERATIONS

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DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
CSRU Base GA Base MHI's, SHS's JUV's	2,139,741	4.1%	54,870,583	105.6%
6 To provide funding for maintenance and licensing of information technology.	0.00		2,077.00	
7 Restore Social Services Block Grant funds reduced by federal legislation effective October 1, 2000. (\$637,651 TANF)	0	0.0%	54,870,583	105.6%
	0.00		2,077.00	

Current Service Level

FSP 3	8 Staff and support for increase in Family Support Subsidy.	37,639	0.1%	54,908,222	105.7%
		1.00		2,078.00	
TOTALS		\$54,908,222	105.7%	\$54,908,222	105.7%
		2,078.00		2,078.00	

FY 2000 APPROPRIATION \$51,953,016
 FY 2000 ESTIMATED EXPENDITURES \$51,953,016
 FY 2000 AUTHORIZED FTEs 2,076.00
 FY 1999 EXPENDITURES \$49,021,922

GENERAL ADMINISTRATION

APPROPRIATION DESCRIPTION:

This appropriation funds the Central Office of the Department of Human Services, which provides administrative direction and coordination for all programs and services provided by the Department. Functions performed include program planning, policy formulation, budget formulation, purchasing, claims payment, accounting, data processing and systems development, and training.

DESCRIPTION		DECISION PACKAGES		CUMULATIVE TOTALS	
		\$	% of FY00	\$	% of FY00
BASE					
CFS Base,1	Restores funding for salary and support for current FTEs, the Human Services Council, MH/MR Commission, Governor's Council on Developmental Disabilities, Prevention of Disabilities Policy Council. Federal pass-through to other agencies and general support are also included. (\$3,121,071 TANF)	\$11,063,606	76.5%	\$11,063,606	76.5%
MA Base		309.05		309.05	
CSRU Base					
MHI's, JUV's					
SHS's					
DECISION PACKAGES IN PRIORITY ORDER:					
1	Restores salary and support for current FTEs.	1,497,908 29.00	10.4%	12,561,514 338.05	86.9%
2	Restores salary and support for current FTEs.	1,691,252 27.95	11.7%	14,252,766 366.00	98.6%
3	Restores reimbursement to Iowa Department of Justice (Attorney General).	706,940 0.00	4.9%	14,959,706 366.00	103.5%
4	Restore Social Services Block Grant funds reduced by federal legislation effective October 1, 2000. (\$106,611 TANF)	0 0.00	0.0%	14,959,706 366.00	103.5%
Current Service Level					
5	To develop a plan designed to improve customer service by integrating the collection of basic client/family information across all DHS programs.	867,285 0.00	6.0%	15,826,991 366.00	109.5%
6	Phase one development of a datawarehouse designed to improve the monitoring and measuring of program outcomes and activities, provide expanded and direct access to data, provide a means to proactively identify issues and trends, and assist staff in making better, more informed decisions. Phase one includes Child Welfare and Welfare Reform.	1,681,520 10.00	11.6%	17,508,511 376.00	121.1%
TOTALS		\$17,508,511 376.00	121.1%	\$17,508,511 376.00	121.1%
FY 2000 APPROPRIATION		\$14,455,110			
FY 2000 ESTIMATED EXPENDITURES		14,455,110			
FY 2000 FTEs		366.00			
FY 1999 EXPENDITURES		\$15,373,366			

VOLUNTEERS

APPROPRIATION DESCRIPTION:

This appropriation is administered by the Department of Human Services Volunteer Administrator to provide volunteer assistance in the regions and counties to enhance services and fill gaps in state and local service delivery systems. Volunteers provide the following service components on a state-wide basis including, but not limited to: drivers and escorts, guardians, conservators, and protective payees, case aides, interpreters, visitation monitors for foster care visits, administrative and clerical aides, reception and application assistance, day care spot checking.

DESCRIPTION	DECISION PACKAGES		CUMULATIVE TOTALS	
	\$	% of FY00	\$	% of FY00
BASE Provides funds for volunteer administrative support contracts, recruitment, screening, referral and orientation of volunteers. (\$37,935 TANF)	\$88,875	75.0%	\$88,875	75.0%

DECISION PACKAGES IN PRIORITY ORDER:

1 Restores volunteer coordination contracts to FY 00 level. In FY 99, volunteer service hours totaled 145,500 valued at \$2.1 million dollars.	29,625	25.0%	118,500	100.0%
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Current Service Level

2 Provide increase for volunteer coordination reimbursements.	7,392	6.2%	125,892	106.2%
3 Restore Social Services Block Grant funds reduced by federal legislation effective October 1, 2000. (\$7,391 TANF)	0	0.0%	125,892	106.2%

TOTALS	\$125,892	106.2%	\$125,892	106.2%
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FY 2000 APPROPRIATION	\$118,500
FY 2000 ESTIMATED EXPENDITURES	\$118,500
FY 1999 EXPENDITURES	\$100,844

Glossary

AA	Affirmative Action or Administrative Assistant
ABE	Adult Basic Education
ACF	Administration for Children and Families
ACFS	Division of Adult, Children and Family Services
ADA	Americans with Disabilities Act
AEA	Area Education Agency
AFIA	Assets for Independence Act
AG	Attorney General
Allowed Growth	State funding allocated to County MH/MR/DD Services Fund
AO	Administrative Services Officer
APG	Ambulatory Patient Groupings
APHSA	American Public Human Services Association
Array of Services	A system of care through which an individual may receive a range of the most appropriate, least restrictive services
ARU	Audio Response Unit
ASAM	American Society of Addiction Medicine
ASFA	Adoption and Safe Families Act
BFR	Budgeting for Results. BFR ties the appropriation of resources to the results expected from an expenditure
BI	Brain injury
BPA	Benefit Payment Administrator
CAA	Community Action Agency
CAP	Community Action Program
CATS	Case Aging and Tracking System
CCF	County Care Facility
CEO	Chief Executive Officer
CFC	County Finance Committee
CFS	Child and Family Services
CHI	Council on Human Investment
CHIP	Children's Health Insurance Program (Title XXI)
CINA	Child in Need of Assistance

Glossary

CM	Case Management
CMAP	Child Medical Assistance Program
CMHC	Community Mental Health Center
CMHS	Center on Mental Health Services
CMI	Chronic Mental Illness
CNA	Certified Nurse Aide
COBRA	Consolidated Omnibus Budget Reconciliation Act
COLA	Cost of Living Adjustment
CoMIS	County Management Information System
Continuum of Care	Enables clients to receive appropriate care and follow-up as the scope, duration or amount of their service needs fluctuate.
Court-Ordered Care and Treatment	State funding for court-ordered care and treatment
CPA	Child Protective Assessments
CPC	Central Point of Coordination
CPI	Child Protective Investigations
CPS	Child Protective Services
CPT	Child Protective Treatment
CPW	Child Protection Worker
CQI	Continuous Quality Improvement
CRNA	Certified Registered Nurse Anesthetist
CSALA	Community Supervised Apartment Living Arrangements
CSC	Collection Services Center
CSR	Child Support Recovery
CSRU	Child Support Recovery Unit
CSSG	Community Self-Sufficiency Grants
CWEP	Community Work Experience Program
D & E	Diagnosis and Evaluation
DA	Division Administrator
DD	Developmental Disability
DDM	Division of Data Management
DEA	Department of Elder Affairs

Glossary

DED	Department of Economic Development
DHS	Department of Human Services
DIA	Department of Inspections and Appeals
DME	Durable Medical Equipment
DMS	Division of Medical Services
DOE	Department of Education
DOM	Department of Management
DP	Data Processing
DPH	Department of Public Health
DRF	Department of Revenue and Finance
DRG	Diagnosis Related Group
DSS	Decision Support System
Duplicated Count	Counts of individuals in a program which treat each program component separately. Individuals or cases may be in multiple components and are counted for every component.
DUR	Drug Utilization Review
EA	Emergency Assistance or Economic Assistance
EBT	Electronic Benefit Transfer
EE/AA	Equal Employment/Affirmative Action
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESL	English as a Second Language
ET	Entrepreneurial Training
FACS	Family and Children Services System
FaDSS	Family Development and Self-Sufficiency program
FCRP	Family Care Reunification Project
FCRU	Foster Care Recovery Unit
FFP	Federal Financial Participation
FFS	Fee-For-Service - Traditional provider reimbursement in which the provider is paid according to the service performed. This is the reimbursement system used by conventional indemnity insurers.
FFY	Federal Fiscal Year (October 1 through September 30)
FIA	Family Investment Agreement
FIP	Family Investment Program

Glossary

Fiscal Agent	Contract agent to process payment claims or contract agent to process Title XIX claims
FMAP	Family Medical Assistance Program
FMLA	Family Medical Leave Act
FOC	Friend of Court
FP	Foster Parent
FPLS	Federal Parent Locator Service
FPS	Family Preservation Services
FQHC	Federally Qualified Health Center
FSA	Family Support Act
FSET	Food Stamp Employment and Training
FSSG	Family Self-Sufficiency Grants
FTE	Full Time Equivalent
GAF	Global Assessment of Functioning
GDS	Global Deterioration Scale
GED	General Equivalency Degree
HAWK-I	Healthy and Well Kids in Iowa
HCBS	Home and Community-Based Services
HCFA	Health Care Financing Administration
HHS	Department of Health and Human Services
HIPP	Health Insurance Premium Payment
HMO	Health Maintenance Organization
HSAA	Human Services Area Administrator
IA Plan	Integrated Access Plan — formerly known as Mental Health Access Plan (MHAP) & Iowa Managed Substance Abuse Care Plan (IMSACP)
IABC	Iowa Automated Benefit Calculation System
IAC	<i>Iowa Administrative Code</i>
IARRF	Iowa Association of Rehabilitation and Residential Facilities
ICAR	Iowa Collections and Reporting System
ICF	Intermediate Care Facility
ICF/MR	Intermediate Care Facility for the Mentally Retarded
ICN	Iowa Communication Network

Glossary

IDA	Individual Development Accounts
IFAPA	Iowa Foster and Adoptive Parents Association
IFMC	Iowa Foundation for Medical Care
IHHRC	In-Home Health Related Care
IHIP	Iowa Human Investment Plan
IM	Income Maintenance
IMW	Income Maintenance Worker
IRT	Intensive Residential Treatment Program
ISAC	Iowa State Association of Counties
ITS	Iowa Transfers Service
IV-A-EA	Emergency Assistance Program under Title IV-A of Social Security Act
IV-B	Title IV-B under Social Security Act; provides federal funding for services to children and families
IV-D	Child Support Enforcement Funding under Social Security Act
IV-E	Title IV-E federal funding under Social Security Act for eligible foster care and subsidized adoption expenditures
IV-E-IL	Title IV-E Independent Living Service funding under Social Security Act for youth in foster care, age 16 or older
IWD	Iowa Workforce Development
JCAHO	Joint Commission on Accreditation of Health Care Organizations
JCO	Juvenile Court Officer
JCS	Juvenile Court Services
JTPA	Job Training Partnership Act
LBP	Limited Benefit Plan
Local Purchase	SSBG services funds matched by county governments
LTC	Long-Term Care
MAC	Mothers and Children
MAAC	Medical Assistance Advisory Council
MAIT	Medical Assistance Income Trust
MCO	Managed Care Organization
Medicaid	Title XIX of the Social Security Act
Medical Carrier	Contract agent that processes Title XIX claims

Glossary

Medically Needy	Title XIX medical coverage to needy pregnant women and children
MediPASS	Medicaid Patient Access to Service System
MH	Mental Health
MHC	Mental Health Center
MHI	Mental Health Institute
MHCO	Managed Health Care Organization
MH/DD	Division of Mental Health and Developmental Disabilities
MI	Mental Illness
MI/MR/DD/BI	Mental Illness, Mental Retardation, Developmental Disabilities, and Brain Injury
MMIS	Medicaid Management Information System
MN	Medically Needy
MNSC	Medically Needy Spend Down Control System
MR	Mental Retardation
NF	Nursing Facilities
NPA	Non-Public Assistance - persons who receive child support enforcement services but are not public assistance recipients
OB	Obstetrics
OBRA	Omnibus Budget Reconciliation Act
OCR	Optical Character Recognition
OCSE	Office of Child Support Enforcement
OJT	On-the-Job Training
OSHA	Occupational Safety and Health Administration
Outcome	A measurable result or condition of well-being for adults, children, families or communities
PA	Public Assistance - recipients who are also receiving child support enforcement services
PACE	Program for All-Inclusive Care for the Elderly
PAS	Personal Assistance Services
PC	Personal computer
PCCM - Primary Care	A managed health care program in Iowa known as MediPASS.
Case Management	Recipients select or are assigned to one primary care physician, known as the patient manager. The physician is responsible for providing primary care and for case management, referring the recipient to appropriate specialists or other medical providers.

Glossary

Performance Measure	Performance measures show, through data, the outcomes of a program or service and can provide a basis for evaluation of the effectiveness of an agency or program service delivery
PHP	Prepaid Health Plan
PIP	Program Improvement Planning
PL	Public Law—federal law
PMIC	Psychiatric Medical Institution for Children
PPO	Preferred Provider Organization
PPT	Project Partners Team
Priority Areas	Broad category of public policy encompassing multiple long-term goals. Examples: Economic Development, Workforce Development, Strategies for Strong Families, Healthy Iowans and Strong Communities. (CHI)
PRO	Peer Review Organization (IFMC is the Iowa PRO)
PROMISE JOBS (PJ)	Promoting independence and self-sufficiency through employment opportunities and basic skills program
PSE	Post-Secondary Education
PSRO	Professional Standards Review Organization
QA	Quality Assurance
QC	Quality Control
QMB	Qualified Medicare Beneficiary Program
RA	Regional Administrator
RCA	Regional Collections Administrator
RCF	Residential Care Facility
.....	
RCF/MR	Residential Care Facility for Persons with Mental Retardation
RCF/PMI	Residential Care Facility for Persons with Mental Illness
Result	A bottom line condition of well-being for children, families or communities. A result is sometimes referred to as an outcome.
RFP	Request for Proposal
RHEP	Recipient Health Education Program
RIF	Reduction in Force
Risk-Based	The possibility of monetary loss or gain by the MCO resulting from service costs exceeding or being less than payment by the Department.
RTSS	Rehabilitative Treatment and Supportive Services

Glossary

RTW	Residential Treatment Worker
SCAT	State County Assistance Team
SCL	Supported Community Living
SCMC	State County Management Committee
SFY	State Fiscal Year
SHIP	State Human Investment Project
SHS	State Hospital School
SLMB	Specified Low Income Medicare Beneficiaries
SNF	Skilled Nursing Facility
SNT	Supplemental Needs Trust
SOBRA	Sixth Omnibus Budget Reconciliation Act
SPLS	State Parent Locator Service
SPP	State Payment Program for SSBG services to persons who lack legal settlement in an Iowa county who would otherwise be eligible for services through a county management plan
SRS	Service Reporting System
SSA	State Supplementary Assistance
SSBG	Social Services Block Grant-Funding sources to provide social services to eligible clients (formerly Title XX)
SSI	Supplemental Security Income
STAR	Statewide Tracking of Assessment Reports computer system
State Cases	Persons without legal settlement
Strategy	A broad-based approach directed toward influencing indicators and outcomes (results)
SW	Social Worker
SWCM	Social Work Case Management
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families
TCC	Transitional Child Care
TEFRA	Tax Equity and Fiscal Responsibility Act
Title XIX	Medicaid, Medical Assistance
Title XXI	Children's Health Insurance Program

Glossary

TLA	Time Limited Assessment
TO	Table of Organization
TPL	Third Party Liability
TPOC	Technical Plan of Correction
TPR	Termination of Parental Rights
TQM	Total Quality Management
UCS	Unpaid Community Service
Unduplicated count	Counts of individuals in a program which treat each program component separately. The unduplicated count would count an individual or case only once regardless of the number of components in which they are involved at that given time.
Unit Dose System	System in which pharmacist pre-packages individualized medication
UP	Unemployed Parent
URESA	Uniform Reciprocal Enforcement Support Act
USDA	United States Department of Agriculture
VSP	Violent Sexual Predator Program
WBV	Well-Being Visit
WEP	Work Experience Program
X-PERT	Program Eligibility Reasoning Technology
YSW	Youth Service Worker

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